Off-Site Activities Permission Form Section 11.05 (10)(c) Program Year _____

SACC Program:	Day-After-Day, Inc.	
Address:	687 Watertown Street Newton, MA 02460	
Child's Name:		
I, (Parent/Guar	dian's Name)	, give permission for my

child to participate in all of the regularly scheduled on-going activities located at the following off-site facilities:

The program will provide in writing a list of scheduled activities.

(Parent/Guardian Signature)

(Date)