

THE COMMONWEALTH OF MASSACHUSETTS
Department of Early Education and Care

**CONSENT FOR CHILD TO LEAVE THE PROGRAM
(MUST BE AGE 9 OR OLDER)**

Program Name: Stoughton Extended Day

Address: 137 Walnut Street
Stoughton, MA 02072-0257

I, _____ authorize my child, _____
(Parent/Guardian's Name) (Child's name)

to leave the program. This permission is in effect from _____ to _____.
(Date) (Date)

Activity/Location	Method of Transportation	Leave/Return Time	Restrictions
CCD at the adjoining building from Jones Site	Walk		

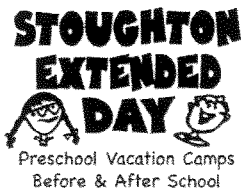
I understand that the program has the right to rescind the above privilege if my child's behavior warrants the limitation.

I recognize that my child will not be supervised by SED staff while s/he is away from the program.

I understand I am responsible for my child once s/he leaves the program.

(Parent/Guardian Signature) (Date)

(Program Staff Signature) (Date)



**CONTRACT FOR CHILDREN 9 YEARS AND OLDER
FOR LEAVING THE PROGRAM**

Program Name: Stoughton Extended Day

Address: 137 Walnut Street, Stoughton, MA 02072-0257

I _____, understand that the permission I have received
(Child's Name)

to leave the program is a privilege granted to me. This privilege is based on my parent(s)/guardian(s) and the staff's expectations of my ability to be responsible for my safety and well-being while I am away from the program.

By signing this contract I agree to the following:

I will always check in with a staff person when arriving and before departing from the program.

I will go only to the destinations agreed to by my parent(s)/guardian(s) and will inform staff of my destination each time I leave the program.

I will act in a safe and courteous manner while I am away from the program.

I will return to the program at or before the time designated by my parent(s)/guardians(s) or by the staff. If I am going to be returning late, I will call the program to inform them of when I will be returning and why I am late.

I will abide by all restrictions listed by my parent(s)/guardians(s) on the authorization and consent form.

Further, I will understand that if I do not abide by the agreements made above, both my parent(s)/guardian(s) and /or the program, as a consequence for my actions may take away my privilege to leave the program for a time period deemed appropriate by them.

(Child's Signature) (Date)

As _____ parent/guardian, I agree with this contract.
(Child's Name)

(Parent/Guardian Signature) (Date)

(Program Staff Signature) (Date)