



Special Activity Form

Child's name _____ Date _____

Name of special activity _____

Location of special activity _____

Start Date of special activity _____

End Date of special activity _____

Time child leave for destination _____

Time child arrives back from destination _____

Child care staff is to walk to and from event with child?

Please circle: YES NO, they can walk by themselves

Parent or guardian's signature _____

STAFF-complete & send this portion to Y office (special activity)

Child's name: _____ Date: _____

Special activity _____ School _____

Start Date of activity _____ End date _____

Days of the Week (please circle) M T W Th F

(AM) time child leaves for the event _____

(PM) time child returns from the event _____