



Lake County YMCA

Release To Walk To Destination Form

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

DATE OF PERMISSION: _____ (Valid for One Year)

CHILD'S NAME

| FIRST | LAST | M.I. |
|-------|---------------|--------|
| AGE | DATE OF BIRTH | GENDER |

Y School Aged Child Care

| | | | |
|-----------------|-------------------------------------|------------------------------------|------------------------------------|
| LOCATION | <input type="checkbox"/> GRANT | <input type="checkbox"/> EDISON | <input type="checkbox"/> JEFFERSON |
| | <input type="checkbox"/> LONGFELLOW | <input type="checkbox"/> ROYALVIEW | <input type="checkbox"/> WICKLIFFE |

Destination:

- To parent pick-up area

Mode of Transportation:

- Walking

By signing below, I hereby give my child, named above, permission to leave the YMCA School Aged Child Care (YSACC) program when they are released by a Child Care Staff Member (CCSM). My child may walk from the program to the parent pick up area without the direct supervision of child care staff.

The child care staff may monitor the child, communicating their whereabouts via walkie talkies or cell phones with other staff members, but direct supervision will not be provided once the child is released to walk to the parent pick up area.

PARENT/LEGAL GUARDIAN

First Name: _____ Last Name: _____

Signature: _____ Date: _____