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: ____________________________________________  

Address: ___________________________________________________  
_________________________________________________________  

I, _______________________________ authorize my child, ___________________  
(Parent/Guardian’s Name) (Child’s name)  
to leave the program. This permission is in effect from ___________ to ___________.  
(Date) (Date)  

<table>
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<tr>
<th>Activity/Location</th>
<th>Method of Transportation</th>
<th>Leave/Return Time</th>
<th>Restrictions</th>
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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 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)
Sample Contract for Children 9 Years and Older

For Leaving the Program

Program Name: 
Address: 

I, __________________________, understand that the permission I have received 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)