



## Janesville Alternate Arrival/Release Form

School \_\_\_\_\_

My child \_\_\_\_\_ will depart from the YWCA Child Care Program for any of the following activities by way of walking. My child will travel to this destination without center supervision.

Start date to end date	activity	Circle the days of the week the activity applies	Parent initials	Expected departure time-AM
9/1/24-6/9/25	Classroom/school	M T W R F	*	8:15
	Safety patrol	M T W R F		
	Art club	M T W R F		
	Music practice	M T W R F		
	Homework club	M T W R F		
	Helping teacher	M T W R F		
	Other, please list	M T W R F		
		M T W R F		
		M T W R F		
		M T W R F		
		M T W R F		

My child \_\_\_\_\_ will arrive to the YWCA Child Care Program by way of walking from any of the following activities. My child will travel to the YWCA Child Care Program without center supervision.

Start date to end date	activity	Circle the days of the week the activity applies	Parent initials	Expected arrival time PM
9/1/24--6/9/25	Classroom/School	M T W R F	*	3:08
	Safety patrol	M T W R F		
	Art club	M T W R F		
	Helping teacher	M T W R F		
	After school sport	M T W R F		
	Music practice	M T W R F		
	Scouts	M T W R F		
	Homework club	M T W R F		
	Girl power/guys rock	M T W R F		
	Other, please list	M T W R F		
		M T W R F		
		M T W R F		
		M T W R F		
		M T W R F		

I understand that I am responsible for notifying the center staff of any changes in this schedule

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_