



Activity Schedule for Kids



Date of Activity:	_____	Time Leaving:	_____	Time Returning:	_____
Funds Available:	\$ _____	Funds Requested:	\$ _____		
Description of Activity or Event:	<input type="checkbox"/> School Event <input type="checkbox"/> Shopping Mall <input type="checkbox"/> Friend's Home				
	<input type="checkbox"/> Movies <input type="checkbox"/> Sporting Event <input type="checkbox"/> Amusement Park <input type="checkbox"/> Party <input type="checkbox"/> Other (describe)				

Parental Transportation Request:	<input type="checkbox"/> Drop-Off	<input type="checkbox"/> Pick-Up	Time:	_____
Location:	_____			
	_____		_____	
	Signature		Date Submitted	

MINIMUM NOTICES REQUIRED

- | | | |
|----|---|------------|
| A. | No parental interventions required. | Same Day |
| B. | Drop-Off or Pick-Up request. | One Day |
| C. | Local Overnight visit request. | One Day |
| D. | \$20 or more requested for activity. | Two Days |
| E. | Parental attendance at Social / Sporting event. | Two Days |
| F. | Out-of-Town visit request. | Three Days |
| G. | Change request to parental Access Schedule | Three Days |

EMERGENCY CONTACT INFORMATION

Parent(s) Name:	_____	
Home/Cell Telephone:	(h) _____	(c) _____
Friend's Name:	_____	
	Cell Phone:	_____

ACTIVITY DETERMINATION

<input type="checkbox"/> Approved as requested	_____	_____
	Signature	Date
<input type="checkbox"/> Approval pending modification	_____	_____
	Signature	Date
Modification(s) requested:		
<input type="checkbox"/> Approved as modified	_____	_____
	Signature	Date
<input type="checkbox"/> Denied as requested	_____	_____
	Signature	Date
Reason for denial:	_____	