

**ACTIVITY/CLASS FORM**  
**Return to Kids Play or fax to 763-497-6584**

Child's First & Last Name: \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name of class/activity: \_\_\_\_\_

Dates of class/activity: \_\_\_\_\_ Time of class \_\_\_\_\_

Will your child return to Kids Play after class/activity? \_\_\_\_\_ No \_\_\_\_\_ Yes, what time? \_\_\_\_\_

Make sure your child knows to check in with a supervisor at Kids Play when he/she returns.

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

**Kids Play is not responsible to get your child to/from the class or activity.**