

If you are requesting to have a visitor attend your child's classroom (ABA Therapist, Physical Therapist, Occupational Therapist, etc,) please complete and submit the information below at least 21 business days prior to your requested visitation date. Once a written request is received, you will be contacted to approve the visitation request **Please note that due to capacity issues within the classroom/program, requests may be denied and/or alternate days and times will be suggested.**

Name of Program _____ Location of Program _____

Has your child previously participated in a Department of Parks and Recreation Program?

☐ YES ☐ NO

Date _____ Name of child _____ Age of child _____

Name of Parent (s) _____ Home Phone _____

Cell Phone _____ E-mail _____

Name of Visitor _____ Type of Visitation _____

Company Name _____ Email _____

Cell Phone _____

Visitation Details (check all that apply)

Day(s) ☐ M ☐ T ☐ W ☐ TH ☐ F ☐ SA ☐ SU

Time(s) ☐ 9a ☐ 10a ☐ 11a ☐ 12n ☐ 1p ☐ 2p ☐ 3p ☐ 4p ☐ 5p ☐ Other _____

Length of stay Entire program time ☐ 1hr. ☐ 2hrs ☐ 3hrs ☐ 4hrs ☐ Other _____

Date Range One time visit on: _____

Reoccurring visits on the following dates: _____

Will visitor be removing your child from the classroom setting ☐ YES ☐ NO

If yes, please note that the visitor must be listed as an authorized adult on your registration form and that they will need to sign your child out and back into our care.

Purpose of visit:

Please e-mail this form to Veronica Laughman, ADA Coordinator, email: vlaughman@pwcgov.org