

R. F. Hairston Early Learning Center

400 N. 20th Street
Columbus, Ohio 43203

Swimming Permission Form

_____ has my permission to join R. F. Hairston Early Learning
(Child's name and date of birth)

Center in the following water.

Activity _____ on _____. We will be
(Name of activity and location) (date)

Leaving the center at _____.
(time)

_____ extra staff member (s) supervising the activity and will maintain a staff/child
ratio of _____.

(Signature of Parent)

(Date of Signature)

Please mark one.

My child is a _____ swimmer _____ non-swimmer

