



Framingham Centre Nursery School

24 Vernon St. Framingham, MA 01701

508-875-8260

Wading Pool Permission – Summer Extension Program

I give permission for my child, _____, to
(Child's name)
play in a wading pool at the FCNS Summer Extension Program.

I understand that my child will be playing with their Summer Program classmates in a wading pool filled with 6"-12" of water, supervised by FCNS Summer Staff.

____ **I DO NOT want** my child to play in the wading pool.

____ **I WANT** my child to play in the wading pool.

Parent/Guardian Signature: _____

Date: _____