



Transportation Authorization

Child's Name: _____

_____ NO, I do not give permission.

_____ YES, I do give permission.

My child may be transported by Wildwood Childcare Center to and from activities such as, but not limited to, the library, off-site field trips, etc... I will be notified with each trip, by phone or letter, to verify permission. I will be asked to fill out an additional permission form for activities such as field trips.

Parent's Signature _____ Date: _____



School Pick-Up Authorization

Child's Name: _____

_____ NO, I do not give permission.

_____ YES, I do give permission.

My child may be transported by Wildwood Childcare Center from the school circled below back to the center after-school. I will be asked to fill out additional permission forms for activities such as off-site field trips.

CIRCLE CHILD'S SCHOOL

Clinton Park Elementary Northside Elementary Eastside Elementary

Lovett Elementary Clinton Christian Academy

Parent's Signature _____ Date: _____