

RAINBOWLAND CHILD DEVELOPMENT CENTER

Child's Name: _____

YES / NO, I give the teachers in my child's class permission to bring him/her on a walking field trip around the neighborhood.

Parent Signature

Date

YES / NO - I give the teachers in my child's class permission to take pictures of my child for school purposes only.

Parent Signature

Date

YES / NO - I give the teachers in my child's class permission to let my child participate in water activities (sprinkler) at RainbowLand during the summer months.

Parent Signature

Date