



DISCOVER MAGICAL MOMENTS DAYCARE CENTER

Walking Field Trip Form

I give permission for Discover Magical Moments Daycare Center to take _____ (child's name) for short walking trips as part of the childcare program.

Date _____ Parent Signature _____

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Permission of Photographs

I give permission for Discover Magical Moments Daycare to take photographs of _____ (child's name).

Please check below the following uses the photos may be used for:

Center use _____ Promotional use _____

Date _____ Parent Signature _____