



MAIN OFFICE: 822 GLENVIEW AVENUE • WAUWATOSA, WI 53214
(414) 479-3050 • FAX (414) 479-3053

GENERAL FIELD TRIP PERMISSION

_____ has my permission to participate in all Wauwatosa Day Care and Learning Center, Inc. off-premise activities. I give my permission for my child to go on walks with the classroom teacher and class in the nearby neighborhood.

I give my permission for my child to be transported, via, a chartered bus or Wauwatosa Day Care and Learning Centers, Inc. van for field trips. **Children 3 years and older, only.**

Parent Signature

Date

PHOTOGRAPHY RELEASE

I give permission for my child, _____, to be photographed. I understand these pictures will be used for classroom displays, projects and Wauwatosa Day Care & Learning Center's Facebook Page. **Please note: The children's first or last name will never be "tagged" in any post.**

Parent Signature

Date

SUNBLOCK AND BUG SPRAY PERMISSION

I give my permission to apply sunblock and bug spray on _____ for the **2021 Summer Season.**

Type of Sunblock: _____ (Provided by family)

Type of Bug Spray: _____ (Provided by family)

Parent Signature

Date

"Your Children . . . Our Pleasure"