

# Providence Montessori Child Care

## Consent for Child Care Program Activities

Name of Facility: PROVIDENCE MONTESSORI CHILD CARE

Address of Facility: 5164 VIA MINDANAO, OCEANSIDE CA 92057

Name of Child: \_\_\_\_\_

### **Walking Trips**

\_\_\_\_\_ Walking trips to the following locations: \_\_\_\_\_

**Other Activities (e.g., homework supervision, trips to neighborhood playgrounds, special trips)** \_\_\_\_\_

\_\_\_\_\_

Print Parent / Guardian's Name: \_\_\_\_\_

Parent / Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_