



Paige's of Time
Early Learning Center

Permission & Authorization Form

I give Paige's of Time ELC permission to transport my child to the nearest hospital in case of an emergency.

Signature: _____ Date: _____

I give Paige's of Time ELC permission to transport my child to and from school and to field trips, if necessary.

Signature: _____ Date: _____

I hereby grant permission for my child to use all of the play equipment and participate in all activities at Paige's of Time ELC.

Signature: _____ Date: _____

I hereby grant permission for my child to be photographed for use on the Paige's of Time website, Facebook page, and other means to display, while involved in activities connected with Paige's of Time ELC.

Signature: _____ Date: _____