

# Child Permission Form

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Return to  
Cathy Stange, Director  
Little Angels Methodist Center  
First United Methodist Church  
214 E. Jefferson St., Iowa City, IA 52245  
(319) 341-9757 – phone  
(319) 337-0485 – fax  
[little-angels@icfirstchurch.org](mailto:little-angels@icfirstchurch.org)

**Name of Child** \_\_\_\_\_

I authorize Little Angels Learning Center to take photographs of my child while he/she is attending the program, and to utilize them for display or promoting the program.

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

Print Name \_\_\_\_\_

I authorize Little Angels Learning Center to take my child on walking trips within the vicinity of the program. I understand that if a field trip is scheduled outside of the program building, I will be notified in advance. I will be given a permission form for the trip/activity, at which point I will be able to choose whether or not I would like my child to participate in such activities. Walking trips are not considered to be field trips.

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

Print Name \_\_\_\_\_