

PERMISSION FORM

WALKING TRIPS			
Child Name:		Date of Birth:	
I give permission for m	y child		to participate
in walks around Mayno	ard for the purpose of:		
1. Visiting local bus	sinesses to learn more about	our communi	ity.
2. Visiting the Post Office, the Fire Station, the Police Station, etc. to learn			
about our comr	nunity's services.		
3. Taking nature w	alks for the purpose of observ	ring nature or	collecting
nature materials	s for classroom study and artv	vork.	
•	Maynard Public Library for a sp	oecial Comm	nunity School
story hour.			
5. Seeing things of	interest in Maynard.		
I understand that I will	be notified, when possible, w	hen these trip	os will occur.
DA DENIT CICALATURE		DATE	
PARENT SIGNATURE		DATE	