



Little Hearts Christian Child Care Center
18 Third Street
Pocomoke City, MD 21851
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Permission to Transport

I, _____ give Little Hearts Christian Child Care Center permission to transport my child, _____, (D.O.B _____) in the event of an emergency, evacuation and/ or to and from field trips.

Parent's Signature: _____

Date: _____

Director's Signature: _____

Date: _____