



The Journey of Faith
Center for Child Development

Transportation Authorization

I/We _____ authorize the following

Representative: The Journey of Faith Center for Child Development,
to transport my child/children _____:

Please check all that apply:

- To and from _____
school.
- Field trips
- In case of Emergencies to a shelter in place.

Parent/ Guardian Signature _____

Date _____

Sunscreen Permission

I grant permission for the JOFCCD staff to apply sunscreen,
and/or lip protection to my child on an as needed basis. These items
are supplied by the Parent/ Guardian.

Parent/ Guardian Signature

Date