



Lycoming Nursery School  
825 Arch Street  
Williamsport, PA 17701  
Est. 1968

My Child, \_\_\_\_\_, has my permission to attend all field trips with Lycoming Nursery School. I understand that parents and teachers transport the children, and that all children will be secured in the car with a car seat/booster seat. I will not hold the nursery school responsible for liabilities.

\_\_\_\_\_  
Signature of Parent/Guardian

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I grant my permission for my child's picture to be printed in the local newspaper and relieve Lycoming Nursery School of any responsibility due to its publication.

\_\_\_\_\_  
Signature of Parent/Guardian

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**THIS MUST BE SIGNED AND RETURNED TO THE SCHOOL**

I have read the 2006-2007 Lycoming Nursery School Parent's Guide and agree to abide by the rules and guidelines set forth therein.

\_\_\_\_\_  
Signature of Parent/Guardian

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Please complete the following if you will be carpooling with other parents, or if your child will be regularly picked up by an adult other than you.

Child's Name: \_\_\_\_\_  
Carpooling with: \_\_\_\_\_

If any other person will be picking your child (i.e. grandparent, friend, sitter) PLEASE SEND A NOTE to school with your child that day.

\_\_\_\_\_  
Signature of Parent/Guardian