



# Rhode Island Department of Human Services

## Licensed Child Care: Activities Consent Form

### Authorization Statement

Child's Name:

Date of Birth:

I **DO** give consent for my child

[Redacted]

*Child's Full Name*

while they are in the care of

Montessori Centre of Barrington, Inc.

*Child Care Provider/Program Name*

located at

303 Sowams Road

*Number and Street*

Barrington

*City/Town*

RI

02806

*Zip*

to participate in the following activities:

<input type="checkbox"/> Transportation	<input type="checkbox"/> Shopping Trip
<input type="checkbox"/> Neighborhood Walk	<input type="checkbox"/> Trip to the Beach
<input type="checkbox"/> Trip to the Playground	<input type="checkbox"/> Trip to a Restaurant
<input type="checkbox"/> Trip to a Library	<input type="checkbox"/> Swimming in a Pool/Body of Water
<input type="checkbox"/> Other:	

I **DO NOT** give consent for my child

[Redacted]

*Child's Full Name*

to be taken off-site

while they are in the care of

Montessori Centre of Barrington, Inc.

*Child Care Provider/Program Name*

located at

303 Sowams Road

*Number and Street*

Barrington

*City/Town*

RI

02806

*Zip*

[Redacted]

Parent/Guardian Name (Print)

[Redacted]

Relation to Child

[Redacted]

Parent/Guardian Signature

[Redacted]

Date