



9800 Lottsford Rd
Mitchellville, MD 20721
301-955-1160 voice
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WDC Permissions

Student Info

Student's Name

Grade

School Year

Date

Parent's Name

Permission to Transport

I hereby grant permission to **Woodstream Day Camp** to transport my child as necessary. I will be notified beforehand, but if an emergency arises I will be contacted as soon as possible with the details.

Parent Signature: _____ Date: _____

Field Trip Permission

My child has permission to attend trips sponsored by **Woodstream Day Camp** during this academic year. It is further understood that I will be advised by the sponsor any pertinent information as follows:

- The place and objective of the trip
- The time of departure and expected arrival
- The mode of transportation
- Any fees or charges associated
- Any meal arrangements

Parent Signature: _____ Date: _____

Picture Waiver

Woodstream Day Camp has my permission to take pictures and/or video of my child(ren) while involved in activities on-site at Woodstream Day Camp or off-site (sporting events, misc. activities) this academic year. The pictures may be used for marketing, publications, website or non-profit purposes.

Parent Signature: _____ Date: _____