



Child's Name: _____ Age: _____

Skagway Child Care Council
DBA Little Dippers Learning Center
PO Box 419, Skagway, Alaska 99840
(907) 983-2785

Transport Authorization

Little Dippers Learning Center:

My child _____ has permission to be transported under the supervision of a Little Dippers employee to ride in a personal, school or public vehicle.

Parent/Guardian Signature

Date