23 Grove Street Bayville, NJ 08721 www.hillcrestchild.com



Phone: 732-269-8585 Fax 732-269-7592 hillcrestchild@optonline.net

Authorization for Walks



I, (parent name)	, permit Hillcrest Academy to
escort my child	on a walk. I understand that my child
will be in a stroller with safety clip	es and will be supervised at all times by a staff member
The walk will only take place with	in the surrounding neighborhood. At least one staff
member on the walk will carry a ce	ell phone with them in order to reach the center at all
times. During the walk, a staff mer	mber will have a first aid kit and emergency contact
numbers in their possession.	
These procedures are in acc	cordance with the N.J.A.C. 3A:52-6.8(e)(f) Manual of
Requirements for Child Care Center	ers.
Parent Signature:	Date: