



Child's Name: _____ Age: _____

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

S.M.A.R.T. Municipal Transit Bus Transport Authorization

S.M.A.R.T 907-983-2743

Little Dippers Learning Center:

My child _____ has permission to ride
the S.M.A.R.T. municipality transit bus when accompanied by a Little Dipper Staff Member.

Parent/Guardian Signature

Date