

is planning a field trip!

To: _____

Cost: _____ Chaperones Needed: Yes No

Date: _____

Address: _____

Times: Leaving the center at approximately: _____ AM PM

Returning to the center at approximately: _____ AM PM

Transportation:

Vehicle(s): Approved Center Bus/Vehicle Walking Contracted Bus*

Driver(s): Center Staff Contracted Bus Company Staff

*Name of Bus Company Contracted: _____

*Bus Company Phone Number: _____

On the day of the trip, center staff can be reached at the phone number below:

Other Trip Information:

PLEASE COMPLETE INFORMATION BELOW THIS LINE AND RETURN TO THE CENTER.

Child's Name: _____

Parent's Name: _____

YES, I give permission for my child to attend the field trip described above.

NO, I do not wish for my child to participate in this field trip.

Parent/Guardian Signature: _____ Date: _____