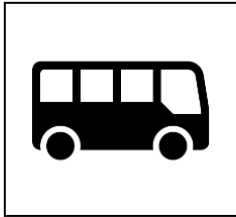


Little Tot's Learning Daycare, II
1028 Schuman Place, Baldwin, NY 11510
Tel# 516-246-1199

FIELD TRIP PERMISSION FORM



We will be attending a field trip to:

Date:	
Time:	
Location:	

Cost:	
Transportation:	
Notes:	

Please return this permission slip by: _____

I give permission for my child, _____, in room _____, to attend the field trip to _____ on _____ from _____ to _____.

Enclosed is \$ _____ to cover the cost of the trip. (Exact cash or check made payable to Little Tot's Learning Daycare, II.)

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

(Name)

(Phone Number)

(Parent/Guardian Signature)

(Date)
