

Field Trip Permission Form

Dear Parent/ Guardian,

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Your child is going on a field trip to PUMD I	t Up, Lake Forest on Au	gust 2nd 2023 . Please read the information at the top of
this form, then sign and return the permission sl	lip at the bottom of this form to the fro	ont office by 07/28/2023 (Friday) along with \$ 45.0 0
Field Trip Fees (<mark>CASH ONLY</mark>).		
Field Trip Information: Date: 08/02/23 (Wednesday)		
Location: Pump It Up, Lake Forest	Trip Fees (CASH ONLY). Trip Information: 8/02/23 (Wednesday) Tryp Information: 9/04/25 (Ask Forest) 1/10/25 (Ask Forest) 1/10/2	
Address of Location: 26242 Dimension	n Drive, Suite #100, Lake	e, Suite #100, Lake Forest Tel: 949-651-9663 Tel: 949-651-9663 Socks Compulsory (please label) A permission to attend a field trip to On from To from To from To to from To from To to from The substance of the s
Mode of Transportation: Child Care Shuttle/Bus		
Leave center: 9:00 am Return to center: 12	inesday) Lake Forest 2 Dimension Drive, Suite #100, Lake Forest Tel: 949-651-9663 Are Shuttle/Bus Return to center: 12:30 pm Infortable closed-toe shoes. Socks Compulsory Into will be provided disposable bottle of water (please label) Into will be provided disposable bottle of water (please label) Into will be provided Into water (please label) Into will be provided Into water (please label) Into will be provided Into water (please label) Into will will see the form and return it to your child's teacher along with \$45.00 Field Trip Fees. Into water with see the form and return it to your child's teacher along with \$45.00 Field Trip Fees. Into water wa	
Pizza lunch will be provide Bring a disposable bottle o Wear Happy Minds T-Shirt Cut here	ed of water (please label) 't	
Sign this part of the	form and return it to your child's teach	ner along with \$45.00 Field Trip Fees.
	has permi	ssion to attend a field trip to
	on	from
	to	·
My child is under 3, so I will acco		
during the fieldtrip. Happy Minds Staff and I	Parent Volunteers will provide prop	
I hereby give my permission for my child to	receive emergency medical treatn	nent.
In an emergency, please contact:		
Name:	Phone:	
Name:	Phone:	

Parent/Guardian Signature: ______ Date: _____