

Field Trip Permission Slip
MEETING HOUSE CHILD CARE CENTER

Date: _____

Child's Name: _____

Please Pay: _____ Volunteer: Yes _____ No _____

Destination: _____

Transportation: _____

Leaving Meeting House: _____

Returning to Meeting House: _____

Parent's Signature: _____ Day Time Phone Number: _____

Date: _____

Children need to arrive by: _____