



Academy Child Development Center, Inc.

10109 Darnestown Road

Rockville, MD 20850

(301) 424-6282

Field Trip Permission Slip 2017

Trips & Dips

by Academy Child Development Center

I _____ *give permission for*

(PRINT PARENT/GUARDIAN NAME)

my child _____ to participate in all field trips and walks around the school community (Academy Primary School, Colds Spring & DuFief Elementary Schools), beginning June 20, 2017 through August 25, 2017 with the staff of Academy Child Development Center. I also give permission for the Academy staff to transport my child to and from all field trips including swimming and shuttles during the above mentioned dates.

(PARENT/GUARDIAN SIGNATURE)

(DATE)