



Academy Child Development Center, Inc.
10109 Darnestown Road
Rockville, MD 20850
(301) 424-6282

Field Trip /Transportation Permission Slip 2016

**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 elementary school
neighborhood (To Be Announced), beginning
June 21, 2016 through August 19, 2016 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 on the
Academy bus during the above mentioned dates.

(PARENT/GUARDIAN SIGNATURE)

(DATE)