

Field Trip _____ Date _____ Time _____ Location _____

PLEASE NOTE THAT BY SIGNING YOUR CHILD UP FOR THIS FIELD TRIP YOU ALSO GIVE PERMISSION FOR MEDICAL ATTENTION IF NEEDED.

	Child's Name	Parent's Name	Contact Number	Paid?	Basic Information from parents	Sign In	Sign Out
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							