

# KINDERFARM PRESCHOOL

## FIELD TRIP PERMISSION FORM

Child's Name \_\_\_\_\_

**Please initial each item below to indicate that you understand and agree with each stated policy.**

\_\_\_\_\_ My child has permission to participate in field trips as part of the Kinderfarm curriculum.

\_\_\_\_\_ Transportation for Kinderfarm field trips shall be provided by Rainbow Connections Limited when necessary.

\_\_\_\_\_ I understand that if I do not want my child to participate in a field trip experience I must notify Kinderfarm in writing one week prior to the trip.

**This consent will be in effect for one year and will continue while your child is enrolled in this facility.**

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

