



BABY & KIDDIE GALILEO
Pre-school & Daycare Center
 360 Grove Street, Jersey City NJ 07304
 175 Newark Avenue, Jersey City, NJ 07304
 (201) 798-0343 · (201) 451-7788 · FAX (201) 798-8155



Smart Parents, Smarter Kids

FIELD TRIP PERMISSION FORM

Your child's class will be attending a field trip to:	
Date	Time
Location	
Cost	
Transportation	
Notes	

Please return this permission slip by:

As parent/guardian, I remain fully responsible for any legal liability, which may result from any personal action taken by my child.

I understand that this event will take place away from school grounds and that my child will be under supervision of the teachers and other representatives of Baby Galileo Pre-school & Daycare. I consent to the conditions of the event stated above, including the method of transportation.

I understand and agree that in the event that my child should suffer injury of any sort while participating in this event, I will not seek to pursue any claims against the supervisor, the school, and /or any of its agents, servants, employees or volunteers.

I give permission for my child	_____	in room	_____
to attend the field trip to	_____	on	_____
from	_____	to	_____
Enclosed is \$	_____	to cover the cost of the trip. (Exact cash or check made payable to school.)	

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name	_____	Phone	_____
Parent/Guardian Signature	_____	Date	_____