





Anona Child Development Center

Field Trip Permission Form

Name of child:	Date of Birth:			
Emergency Information:				
Phone numbers where a parent can b	e reached during school	operating hou	ırs:	
1 st phone number to call:				
2 nd phone number to call:				
3 rd phone number to call:				
Emergency Contact person:				
Name (other than parent or guardian):			
Daytime Phone Number:				
Emergency contact person's address:				·
	(Street)	(City)	(State)	(Zip Code)
I give permission for my child,			, to participate	e in field trips with
Anona Child Development Center. A	field trip for the prescho	ol is described	as anytime the class	s participates in an
activity that is not located in your chil	d's classroom or playgro	und area. A fe	ew examples of pres	chool field trips are:
walking to Chapel, exploring the churc	ch campus grounds or w	alking to anoth	ner building for a sch	neduled event. A sign is
posted on the classroom door when t	he class is not in the clas	sroom or on t	he playground.	
Parent / Guardian Signature:				
Date:				
Notary Stamp/Seal, Date and Signatur	e of Notary: STATE OF F	LORIDA, COUI	NTY OF	
The foregoing instrument was acknow	vledged before me this _	day o	f	, 20
Ву			sonally known to me	e or who has produced
	as iden	tification.		
Signed by Notary:				