



**SCHOOL AGE DAY CARE PROGRAM
PERMISSION TO ATTEND WALKING FIELD TRIPS
School Year 2005 - 2006**

I give my permission for my student to participate with the North of the River Recreation and Park District Day Care program with walking field trips for the school year. These field trips include other areas of the school campus (ex: classrooms or school library) and the public park if it is within walking distance.

I acknowledge the fact that these field trips will be supervised by NOR staff. A sign will be posted on the door noting where the day care is and when they will return to their regular site.

Student's Name _____ Site _____

Parent Signature _____ Date _____

Head Teacher Signature _____ Date _____