

Little Peeples World
30 W Williamsburg Rd
Sandston, Virginia 23150



Field Trip and Activities Permission

Child's Name: _____ Teacher: _____

I grant permission for my child to participate in the neighborhood walks or field trips in an authorized vehicle. I understand that I will be informed of all planned field trips and that I may withdraw my permission for a planned trip if I so desire.

I grant my permission for my child to be included in school pictures and give permission for those pictures to be used by the center.

I grant my permission for my child to participate in the activities and in the use of the equipment at the center.

Signed: _____

Parent or Guardian

Date: _____

Signed: _____

Witness

Date: _____