

Shaping Up Our Future Child Development Academy  
Field Trip and Activities Permission Sheet

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 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 Academy.

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Parents Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_