



FIELD TRIP AUTHORIZATION

*** 2ND GRADE AND UP ***

Child's Name _____ Today's Date _____

As indicated below, I agree for my child to be included in the field trip noted below. I also give my permission to Great Beginnings to seek medical attention for my child in the event of any emergency and I cannot be reached. Please wear a Great Beginnings shirt if your child has one, cost for the fieldtrip is \$6.00.

| <u>DATE</u> | <u>LOCATION</u> | <u>APPROX. TIME</u> |
|-----------------------------------|--|---------------------------------------|
| October 8 th Monday | SPARKLES SKATING RINK 1104 Grayson Hwy, Lawrenceville (770) 963-0922 | Leave: 9:30 a.m. Return: 2:00 p.m. |

Parent's Signature

Date

NOTE: A \$20.00 school holiday charge applies in addition to your regular tuition for attendance this day.

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