



FIELD TRIP AUTHORIZATION

*** Kindergarten and 1st Grade ***

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	KIDS UP 1152 Auburn Rd, Dacula (678) 301-2600	Leave: 9:45 a.m. Return: 12:30 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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