



MEMO

Kindergarten Enrichment – JCYS Lutz Family Center
Fax: 847-433-6003
Field Trip Permission Slip

I give my permission for _____ to go to

Child's Name

on _____

place

date

You may bill my account for \$ _____ ; which includes transportation costs, and a field trip fee if applicable.

I would like to volunteer on this trip: Yes _____ No _____

Signed,

Parent signature

Date