

FIELD TRIP PERMISSION FORM – INDIVIDUAL CHILD 2026

Pines Community Center

NAME OF CHILD CARE PROGRAM

NAME OF CHILD

NAME AND ADDRESS FOR FIELD TRIP DESTINATIONS:

	Destination Name and Address	Date of Trip	Estimated Arrival	Time of Departure
1	Ellacoya State Park - 280 Scenic Dr. Gilford, NH	June 26 th	10AM	2:30PM
2	Funspot- 579 Endicott St N, Laconia NH	July 3rd	10AM	2:30PM
3	Wellington State Park- 614 W Shore Rd. Bristol, NH	July 10 th	10AM	2:30PM
4	Ellacoya State Park - 280 Scenic Dr. Gilford, NH	July 17 th	9:30AM	1:30PM
5	Boston Museum of Science- 1 Science Pk. Boston, MA	July 24 th	9:15AM	3:30PM
6	Wellington State Park - 614 W Shore Rd. Bristol, NH	July 31 st	10AM	2:30PM
7	Canobie Lake Park- 85 N Policy St. Salem, NH	Aug 7 th	10AM	4:00PM
8	Wellington State Park- 614 W Shore Rd. Bristol, NH	Aug 8 th	10AM	2:30PM

CHILD CARE PERSONNEL MUST ENSURE THAT ALL RULES REGARDING FIELD TRIPS, INCLUDING FIELD TRIP STAFF TO CHILD RATIO, SUPERVISION, AND TRANSPORTATION REQUIREMENTS, ARE FOLLOWED.

PLEASE SIGN BELOW AND WRITE THE TRIP #'S THAT YOU WOULD LIKE YOUR CHILD, AND GIVE PERMISSION, FOR YOUR CHILD TO ATTEND.

TRIP #'s THAT I GIVE MY CHILD PERMISSION TO ATTEND:

1 2 3 4 5 6 7 8 9 10

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: / / 26