



**East Hampton Nursery School
P.O. Box 135, 111 Main Street
East Hampton, CT. 06424
(860) 267-2681**

FIELD TRIP PERMISSION FORM

I give permission for my child, _____ to participate in all field trips this year.

I understand that specific details about each field trip will be sent home prior to each event.

Parent Signature

Date

Rev. 1/08