



Montessori School of Cherry Creek, LLC

Phone: 303-627-2715 FAX: 303-627-9482

Field Trip Permission Form

Date _____

Child's Name _____

I give the Montessori School of Cherry Creek and its employee's permission to take my child on any of the field trips that are scheduled. I understand all field trips will be posted for the parents to see and/or we will receive written notice in our children's file at least two days before the scheduled field trip. It is the parent's responsibility to check their child's file and/or read the bulletin board.

***Please note:**

Parents need to provide a car seat in the event we are using motorized transportation.

Signature of parent or guardian:

_____ Date _____