



Field Trip Permission Form

Dear Parent or Guardian,
Below, please find the information for this week's optional field trip. After registering at the Welcome Center, please complete the attached permission slip and return it to the Sign In/Out table or the Welcome Center. Remember, a signed permission slip does not guarantee a spot on the trip – you must register your child and take care of the payment at the Welcome Center.

Camp Groups: PK, K, 1, 2

Date: **Tuesday, July 17th**

Venue: **Turtleback Zoo- Newark, NJ**

Cost: **\$30 per camper**

Cash or check payable to: **ESCNJ**

Leave Camp: **9:30 am** Arrive back at Camp: **3:30pm**

Special Instructions: **Campers are responsible for all items brought on the trip. Campers will not be permitted to purchase food or gift shop items while on the trip. Campers will have lunch at camp before departing for the trip but should bring a snack for the way back from the trip.**

For questions or concerns regarding this field trip, please contact Katelyn Dauphinee, Summer Camp Director at (732) 317-0333 x7786 or KDauphinee@escnj.k12.nj.us.

Save this part of the form for future reference.

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Sign this portion of the Permission Slip and return it to the Sign In/Out Table or the Welcome Center.

Child's Name _____

Trip Date: Tuesday, July 17th

Camp Groups: PK, K, 1, 2 ONLY

Trip Time: 9:30am-3:30pm

Trip Location: Turtleback Zoo- Newark, NJ

_____ **My child has my permission to attend this field trip and receive emergency medical treatment if necessary. In the event of an emergency and I cannot be reached, please contact the person listed below:**

Emergency Contact _____ **Phone** _____

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____ **Date** _____



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Camp Groups: 3, 4, 5, 6 ONLY

Date: **Thursday, July 19th**

Venue: **Staten Island Zoo- Staten Island, NY**

Cost: **\$30 per camper**

Cash or check payable to: **ESCNJ**

Leave Camp: **9:30am**

Arrive back at Camp: **3:30pm**

Special Instructions: **Campers are responsible for all items brought on the trip. Campers will not be permitted to purchase food or gift shop items while on the trip. Campers will have lunch at camp before departing for the trip but should bring a snack for the way back from the trip.**

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Child's Name _____

Trip Date: Thursday, July 19th

Camp Groups: 3, 4, 5, 6 ONLY

Trip Time: 9:30am-3:30pm

Trip Location: Staten Island Zoo- Staten Island, NY

_____ **My child has my permission to attend this field trip and receive emergency medical treatment if necessary. In the event of an emergency and I cannot be reached, please contact the person listed below:**

Emergency Contact _____ **Phone** _____

Parent/Guardian Name (Printed) _____

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Camp Groups: LIT & CIT

Date: **Thursday, July 19th**

Venue: **Kidsbridge Tolerance Center- Ewing, NJ**

Cost: **\$30 per camper**

Cash or check payable to: **ESCNJ**

Leave Camp: **9:30am** Arrive back at Camp: **3:30pm**

Special Instructions: **Campers are responsible for all items brought on the trip. Campers will not be permitted to purchase food or gift shop items while on the trip. Campers will have lunch at camp before departing for the trip but should bring a snack for the way back from the trip.**

For questions or concerns regarding this field trip, please contact Katelyn Dauphinee, Summer Camp Director at (732) 317-0333 x7786 or KDauphinee@escnj.k12.nj.us.

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Child's Name _____

Trip Date: Thursday, July 19th

Camp Groups: LIT & CIT

Trip Time: 9:30am-3:30pm

Trip Location: Kidsbridge Tolerance Center- Ewing, NJ

_____ **My child has my permission to attend this field trip and receive emergency medical treatment if necessary. In the event of an emergency and I cannot be reached, please contact the person listed below:**

Emergency Contact _____ **Phone** _____

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____ **Date** _____