



# 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 24<sup>th</sup>**

Venue: **Jersey Shore Pirates- Brick, NJ**

Cost: **\$30 per camper**

Cash or check payable to: **ESCNJ**

Leave Camp: **10:30 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](mailto: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 24<sup>th</sup>**

**Camp Groups: PK, K, 1, 2 ONLY**

**Trip Time: 10:30am-3:30pm**

**Trip Location: Jersey Shore Pirates- Brick, 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 26<sup>th</sup>**

Venue: **ProSkate Ice Arena- Monmouth Junction, 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.**

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**Child's Name** \_\_\_\_\_

**Trip Date: Thursday, July 26<sup>th</sup>**

**Camp Groups: 3, 4, 5, 6 ONLY**

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

**Trip Location: ProSkate Ice Arena- Monmouth Junction, 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:**

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**Camp Groups: LIT & CIT**

Date: **Wednesday, July 25<sup>th</sup>**

Venue: **Printmaking NJ- Somerset, NJ**

Cost: **\$30 per camper**

Cash or check payable to: **ESCNJ**

Leave Camp: **10:00am** 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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*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: Wednesday, July 25<sup>th</sup>**

**Camp Groups: LIT & CIT**

**Trip Time: 10:00am-3:30pm**

**Trip Location: Printmaking NJ- Somerset, 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** \_\_\_\_\_