



therapy&learningcenter



Brooklyn's Early Childhood Program for All Learners

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SCHOOL TRIP CONSENT FORM

DATE: ____/____/____

Student's Name: _____

Student's D.O.B.: ____/____/____

I, _____, do / do not give permission to TLC for my child _____ to go on various short walks and trips in the neighborhood, *including; class walks, visits to the park, playgrounds, stores, and other points of interest*, as part of my child's educational and clinical program, with his/her Teacher/Therapist. I also understand that a separate permission slip will be sent home for all trips that require a bus or other transportation. I will then give or not give my permission for my child to attend that trip. The need for my attendance on such a trip will be determined on a specific basis.

Parent / Guardian Signature

Date