PERMISSION SLIP

To see

***Cinderella***

By the Hot Springs Children’s Dance Theater Company

Your child has been selected to join a group of students to see the Hot Springs Children’s Dance Theater Company’s production of *Cinderella*. To take advantage of this opportunity, please read this form, sign, and return it to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by **\_\_\_\_\_\_\_\_\_\_\_\_\_**

 (Instructor) (Date)

**Field Trip Information**

 **Date**: Thursday, May 7, 2020, at 10am.

**Location:** LakePointe Church, 1343 Albert Pike Road, Hot Springs Arkansas 71913

**Purpose:** To see the Hot Springs Children’s Dance Theater Company’s production of Cinderella*.*

**Cost:** $10.

 **Means of Transportation:** We will ride as a group on a school bus.

**Leave school:** \_\_\_\_\_\_\_ **Arrive back at school:** \_\_\_\_\_\_\_

**Lunch:** We will eat: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 Indicate the type of lunch your child will be having (check one):

\_\_\_\_ I will provide a sack lunch for my child that includes a drink (no glass please).

\_\_\_\_ My child will eat a sack lunch purchased from the school. My school lunch # is \_\_\_\_\_\_\_\_\_\_\_\_\_.

(Child’s Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has permission to attend a field trip to see *Cinderella at* LakePointe Church in Hot Springs on Thursday, May 7, 2020.

I give my permission for (child’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to receive emergency medical treatment. In an emergency, please contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_