



WALKING TRIP POLICY AGREEMENT FORM

Dear Parent(s)/Guardians:

Throughout our programs there will be occasions when the children will be asked to participate in teachable moment field trips within walking distance of the centre. This may involve a walk to the corner store, local park, plaza etc. Teachers must have permission from the designated Director with time of departure and return with the route of the trip and destination outlined.

With your signature, your child will have permission to participate in these short walking trips.

Sincerely,

Extra Steps Learning Centres Inc.

I give my daughter/son _____ permission to participate in walking trips during the program.

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Parent Name: Parent Signature: Date:

SUBMIT by EMAIL