

SHEPHERD OF THE HILLS

Field Trip Permission Form

The Studio

Date	Wednesday July 2 nd , 2025	Time	9:30 am
Location	Shepherd of the Hills		
Cost	\$20.00 (You can add the cost to your tuition check)		
Transportation	S.O.T.H.		
Notes	Painting Figurine Wear clothes that are ok if the paint gets on.		

Please return this permission
slip by:

June 25th 2025

I give permission for my child _____

to attend the field trip to The Studio on Wednesday July 2nd, 2025

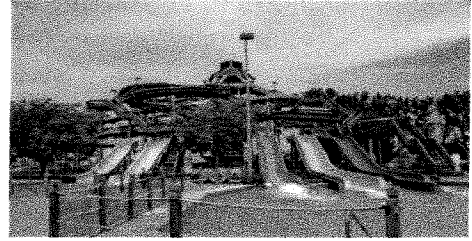
from 9:30am to 11:30

Enclosed is \$ _____ to cover the cost of the trip. (check made payable to S.O.T.H.)

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name _____ Phone _____

Parent/Guardian Signature _____ Date _____



SHEPHERD OF THE HILLS SUMMER CAMP

Field Trip Permission Form

Your child's camp will be attending a field trip: Timber Ridge

<i>Date</i>	Wednesday July 9 th	<i>Time</i>	11:15-3:00.
<i>Location</i>	Lake Geneva WI		
<i>Cost</i>	\$27.00- This cost can be added to your tuition check		
<i>Transportation</i>	Bus		
<i>Notes</i>	Please wear your swimsuit and bring a towel		

Please return this permission slip by: 7/1/25

I give permission for my child

to attend the Timber Ridge on Wednesday, July 9th, 2025

from 11:15 to 3:00 pm.

Enclosed is \$ _____ to cover the cost of the trip. (check made payable to S.O.T.H.)

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name _____ Phone _____

Parent/Guardian Signature _____ Date _____

Do you want your child to wear a Lifejacket? YES _____ NO _____

SHEPHERD OF THE HILLS SUMMER CAMP

Field Trip Permission Form

Your child's camp will be attending a field trip: Bella Bounce Roller Rink

<i>Date</i>	Wednesday, July 16, 2025	<i>Time</i>	11:30-2:30
<i>Location</i>	Fox Lake		
<i>Cost</i>	\$23.00- This cost can be added to your tuition check		
<i>Transportation</i>	Bus		
<i>Notes</i>	Lunch included. Wear your Tye-Dye Shirt		

Please return this permission slip by: 7/7/25

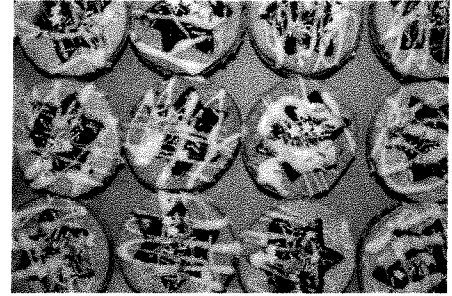
I give permission for my child _____
to attend the _____ Bella Bounce Roller Rink _____ on _____ Wednesday, July 16th, 2025
from _____ 11:30 _____ to _____ 2:30 pm. _____
Enclosed is \$ _____ to cover the cost of the trip. (check made payable to S.O.T.H.)

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name _____ Phone _____

Parent/Guardian Signature _____ Date _____

SHEPHERD OF THE HILLS SUMMER CAMP



Field Trip Permission Form

Your child's camp will be attending a field trip: Cookie decorating

Date	Friday, July 18, 2025	Time	1:00
Location	S.O.T.H.		
Cost	\$18.00- This cost can be added to your tuition check		
Transportation	N/A		
Notes			

Please return this permission slip by: 7/7/25

I give permission for my child _____

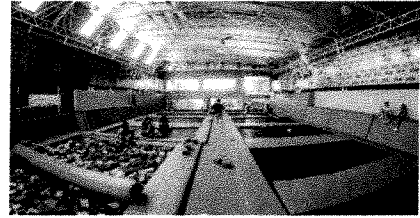
to attend the Cookie Decoration on Friday, July 18th, 2025
from 1:00 to 2:00 pm.

Enclosed is \$ _____ to cover the cost of the trip. (check made payable to S.O.T.H.)

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name _____ Phone _____

Parent/Guardian Signature _____ Date _____



SHEPHERD OF THE HILLS SUMMER CAMP

Field Trip Permission Form

Your child's camp will be attending a field trip: Adrenaline Monkey

Date	Wednesday, July 23, 2025	Time	9:30-1:30
Location	West Dundee		
Cost	\$32.00- This cost can be added to your tuition check		
Transportation	Bus		
Notes	Please pack a lunch. Wear your Tye-Dye Shirt Waiver on Line- https://waiver.roller.app/AdrenalineMonkeyWestDundee/home If the waiver is not signed, your child will not be able to jump.		

Please return this permission slip by: 7/7/25

I give permission for my child _____

to attend the Adrenaline Monkey on Wednesday, July 23rd, 2025
from 9:30 to 1:30 pm.

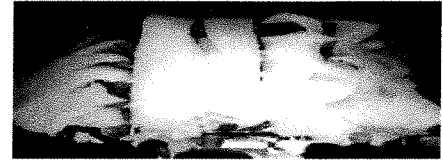
Enclosed is \$ _____ to cover the cost of the trip. (check made payable to S.O.T.H.)

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name _____ Phone _____

Parent/Guardian Signature _____ Date _____

Signed Waiver _____ <https://waiver.roller.app/AdrenalineMonkeyWestDundee/home>



SHEPHERD OF THE HILLS

Field Trip Permission Form

Foam Party

<i>Date</i>	Wednesday, July 30 th , 2025	<i>Time</i>	1:00 pm
<i>Location</i>	Shepherd of the Hills		
<i>Cost</i>	\$11.00 (You can add the cost to your tuition check)		
<i>Transportation</i>	S.O.T.H.		
<i>Notes</i>	Please bring your swimsuit, towel, and goggles if you wish to use them.		

Please return this permission
slip by:

July 21st 2025

I give permission for my child _____

to attend the field trip to Foam Party on Wednesday July 30th, 2025

from 1:00 to 2:00

Enclosed is \$ _____ to cover the cost of the trip. (check made payable to S.O.T.H.)

In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:

Name _____ Phone _____

Parent/Guardian Signature _____ Date _____