

# Storybook Land Pre-K & Kindergarten Field Trip

<b>When:</b>	Monday, June 4 <sup>th</sup> 2018
<b>Departure Time:</b>	8:30am
<b>Return Time:</b>	By 4:00pm
<b>Cost:</b>	\$20.00 per person <i>Includes round trip bus transportation and admission</i>

Our Pre-K and Kindergarten classes will venture off to Storybook Land in Egg Harbor Township, NJ for their annual end of school year trip! This amusement park features story book themed rides for children 36inches in height and up.

*Payment must be received by Tuesday, May 29<sup>th</sup> 2018. Please select one of the following options:*

**Check Payment Attached**     
  **Pay via Auto-Deduction**

My child, \_\_\_\_\_, has permission to participate in the field trip to **Storybook Land on Monday, June 4th**. In case of emergency, we can be reached at the following numbers:

\_\_\_\_\_  
*Parent/Guardian* *Phone*

\_\_\_\_\_  
*Parent/Guardian* *Phone*

Please initial next to one of the following options to indicate the action desired in the event of an accident or emergency while your child is on a field trip.

\_\_\_\_\_ **Option 1:** In the event of an accident or emergency, when a parent/guardian is unavailable, I hereby authorize a representative of the school to make such arrangements that he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event that said physician is not available at any time, I authorize such care and treatment be performed by any licensed physician or surgeon.

\_\_\_\_\_  
*Child's Physician*

\_\_\_\_\_  
*Physician's Phone Number*

\_\_\_\_\_ **Option 2:** I do not choose the above statement and desire the following action: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian's Signature**

**Date**