

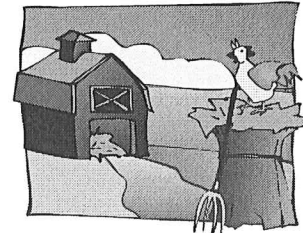
The Villages® Charter School

Elementary School

October 13, 2017

Dear Parents,

It is time for our Kindergarten students to go to Green Meadows Farm in Kissimmee! We are very excited about this upcoming field trip and we know that the students will enjoy learning about life on a farm.



Classes will be going to the farm on the following dates:

Monday, November 13th - Mrs. Graham, Mrs. Henderson, Ms. Homan, Mrs. Moore, Mrs. Stachler, Mrs. Wilkinson & Mrs. Xavier
Thursday, November 16th - Mrs. Collins, Mrs. Frye, Mrs. Garcia, Mrs. Skates, Mrs. Sloan, Ms. Tain & Ms. Wittman

We will be departing the Primary Center at 8:00 am to travel by charter bus to the farm. The trip will provide a real life hands on experience with animals. Each student needs to bring a bag lunch and a drink from home, or purchase one from our cafeteria. We will return to the Primary Center by 3:30 pm. Your child will need to be picked up at that time or go to aftercare.

One parent per family will be allowed to serve as a parent chaperone, assisting the teacher with supervision of students and helping with lunches. Due to a limited number of seats available on the buses, all parent chaperones will need to provide their own transportation. This is a Kindergarten field trip; therefore siblings will not be allowed to attend. Parents who wish to chaperone must have a completed Volunteer Application and a copy of their driver's license submitted to VCS by **October 19th** to be eligible to attend. Parent chaperones will earn 5 hours of PI service time.

The attached parental consent form must be filled out completely and signed for your child to participate. The cost of the trip will be \$22.00 for students which will include admission and charter bus transportation; the cost for parents will be \$10.00 for an admission fee. Please make checks payable to VCS. Payment and consent form are due no later than **Friday, October 27th**. As with all field trips, no refunds will be given once payment has been made, and no late payments will be accepted.

Parents who attend the field trip are welcome to sign out their child with the teacher at the end of the field trip so that he/she may ride home with them. Please be aware that PI time will end at the time your student is checked out. If you have any questions, please contact your child's teacher.

Sincerely,

Mrs. Delia Collins

Mrs. Amanda Henderson

Mrs. Melodie Sloan

Ms. Tracy Wittman

Mrs. Donna Frye

Ms. Andrea Homan

Mrs. Debbie Stachler

Mrs. Patti Xavier

Mrs. Gaetane Garcia

Mrs. Stacey Moore

Ms. Brenda Tain

Mrs. Stacey Graham

Mrs. Teresa Skates

Mrs. Christen Wilkinson



Child's Name: _____ Teacher's Name: _____

- I will provide a lunch from home. I will purchase a bag lunch from school.
- I would like to chaperone. _____

(Name of chaperone - Please print)

The Villages® Charter School

- ON CAMPUS
 OVERNIGHT
 OFF CAMPUS

ON OR OFF-CAMPUS SCHOOL ACTIVITY
PARENT CONSENT/LIABILITY WAIVER/MEDICAL RELEASE

Student: _____

School: **VCES – Primary Center**

Supervising Faculty Members: **Mrs. Graham, Mrs. Henderson, Ms. Homan, Mrs. Moore, Mrs. Stachler, Mrs. Wilkinson & Mrs. Xavier**
 Club/Group/Class: **Kindergarten Students** Activity: **Field Trip** Location: **Green Meadows Farm, Kissimmee**
 Date & Time of Departure: **Mon. Nov. 13, 2017 @ 8:00 AM** Date & Time of Return: **Mon. Nov. 13, 2017 @ 3:30 PM**

Supervising Faculty Members: **Mrs. Collins, Mrs. Frye, Mrs. Garcia, Mrs. Skates, Mrs. Sloan, Ms. Tain & Ms. Wittman**
 Club/Group/Class: **Kindergarten Students** Activity: **Field Trip** Location: **Green Meadows Farm, Kissimmee**
 Date & Time of Departure: **Thur. Nov. 16, 2017 @ 8:00 AM** Date & Time of Return: **Thur. Nov. 16, 2017 @ 3:30 PM**

Method of transportation: School Bus Charter Bus Private Car School Vehicle
 Parent will be responsible for getting student to and from said activity

PARENT CONSENT/LIABILITY WAIVER/MEDICAL RELEASE

- I/We hereby give permission for my child to accompany employees, agents and parents of the Villages Charter School, acting as chaperones, to the field trip listed above for the days indicated above. I/We agree to release and hold harmless the Villages Charter School, their agents, employees and parents accompanying the group, from any responsibility for any accident or injury to my child that occurs while on the field trip listed above for the days indicated above.
- I/We understand that under present law, if my/our child is riding in a private passenger automobile that is involved in an accident, he/she will be primarily covered for bodily injury under my/our family automobile policy, and I/we agree to submit any medical bills incurred to my/our insurance company for payment.
- I/We further agree to indemnify and hold harmless, The Villages Charter School of Sumter, Florida, its agents or employees, for any property damages or personal injury caused by my child whether individually or in concert with any other person or entity. Payment for any damages that occur will be solely the responsibility of the involved child and their parents or legal guardians.
- I/We have read all the information in regards to this trip. I am aware of guidelines of said trip and the number of chaperones which will accompany my child."
- I/We hereby grant permission to the attending physician or his consulting physicians, to render to my son/daughter any emergency treatment, medical or surgical care that might be deemed necessary to the health and well-being of said child. Also, when necessary from the administering of such care, I grant permission for hospitalization at an accredited hospital.
- I/We assume full responsibility and liability for any and all expenses, damage, accident, illness, injury or medical expense of and to my/our child or our property resulting from such participation. I/We attest and affirm that the participant has no limitation that should prevent participation in the activity and I/We have not been advised or informed by anyone to the contrary.
- I/We further agree to inform that the appropriate school official(s) should my/our child's physical condition change in any way and any time so as to affect his/her participation in the activity herein named..

My Student has medical insurance: Yes No

Insurance Company: _____ Policy #: _____

Emergency Telephone # Home Telephone # Work Telephone # Pager / Cell Telephone #

 Parent Name (Please Print) Parent Signature Date

 Home Address City State Zip