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| --- | --- | --- | --- | --- | --- | --- |
| Your child’s class will be attending a school field trip at the: | | | | | NATIONAL Aquarium | |
|  | | | | | | |
| Date | Thursday, April 19, 2018 | | | | Time | **8:30 A.M – 3:45 P.M.** |
| Location | | 501 East Pratt Street, Baltimore MD, 21202 (410)576- 3833 | | | | |
| Cost | | $18.00 | | | | |
| Transportation | | | School Bus | | | |
| Notes | **Grades Prekindergarten, Kindergarten, 1st and 2nd, will go to the National Aquarium. There we will explore the ocean life and diversity in the ocean. We will eat lunch at the Aquarium. Please pack a brown bag lunch (something your child can throw away after finishing) with your child’s first and last name. We will not be able to provide your child with lunch at the aquarium or heat up any food.**  **Finally, all permission slips and money need to be turned into your child’s homeroom teacher, if your child’s homeroom teacher does not have a permission slip and $18 for your child, he/she will not be permitted to go on the field trip. Thank you for helping make special events a smoother process for the children and teachers.**  **Chaperones will be taken on a first come first serve basis. Please let your child’s teacher know if you would like to be a chaperone. Chaperones have the choice of riding the bus with the students or driving their own vehicle there.** | | | | | |
|  | | | | | | |
| Please return this permission slip by: | | | | **Friday, April 13, 2018** | | |
|  | | | | | | |

**National Aquarium Permission Slip**

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in grade \_\_\_\_\_\_\_\_\_

to attend the National Aquarium field trip; on \_\_\_\_**Thursday, April 19, 2018**\_\_\_\_\_\_\_\_\_\_

from \_\_\_\_\_**8:30 AM**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_**3:45 PM**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

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

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

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

I have paid: \_$18\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by □check □cash

□ I would like to be a chaperone for this trip and have paid an additional \_$18\_\_ for myself.

Parent chaperone name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_