	ALL SAINTS CATH Field Trip Pern		MY
Grade <u>Kindergar</u>	<u>ten</u> Teacher <u>N</u>	etzley/Birsing	_{er_} Home Room <u>ка / кв</u>
Your child's class will be t	aking a field trip on	Wednesday,	October 9, 2019
to visit <u>Kuipers Family</u>	Farm The educ		(Date) of this experience will be to
_learn about lifecycle of	a pumpkin _which ti	es in with our _	science curriculum.
We will leave school at _9	:30 a.m and	arrive back by	/ _ 2:30 p.m
There will be <u>2</u> teache	er(s) and <u>8</u> chape	rone(s) travelin	g with the class.
The cost of the trip will be	\$ <u>21.00</u> (pay l	oy Cash or Ch	eck ONLY)
 X Students will <u>NOT</u> X Students may <u>NOT</u> 	bring their cell phone ing a brown bag lunch	ield trip. es.	event – no lunch boxes.
Please return the signed p	permission slip with th	e money by	10/03/19 (Date)
I request that All Saints C	atholic Academy take	mv child.	
	,, , , ,		First and Last name)
on a field trip to <u>Kuiper</u>	s Family Farm (place)	<u> </u>	Home Room
I hereby release and inde	mnify All Saints Catho	olic Academy, i	ts staff, volunteers and the
Diocese of Joliet from any whatsoever from my child	•		of any kind or nature
	in the space provided b	elow empowers	egal guardian can not be reached the school authorities to exercise n.
Signature of Parent or Gu	ardian:		Date
Address		City	
Phone number where I can	be reached during the e	event ()	
For office use only: Amount Rec'd:	Check Number:	Casł	n Amount: