

**CENTER CASS SCHOOL DISTRICT 66**  
**ELIZABETH IDE SCHOOL**

Date: 10/1/10

Your child's class will be going on a field trip in the near future. Following is specific information concerning the field trip. In order for your child to take part in this activity, you will need to sign the notification slip at the bottom of this page and return it to the teacher no later than the date indicated. Thank you for your cooperation.

**CLASSROOM(S)** All Kindergarten Classes  
**DATE OF TRIP** - Thursday, October 21, 2010

**DESTINATION** - Johansen Farms (Bolingbrook)

**DEPARTURE TIME FROM SCHOOL**

A.M. Class: Leave 9:00AM - Arrive Back at school -11:15AM  
P.M. Class: Leave 1:00PM - Arrive Back at school - 3:00PM

DRESS (X) School Clothes  
(X) Comfortable Shoes  
(X) Dress for outside activities

*ALL STUDENTS – EAT A GOOD BREAKFAST BEFORE THE TRIP.*



**COST OF FIELD TRIP:** **\$8.00 CASH ONLY** – Please place money in an envelope with the permission slip and return it to your child's teacher by: **Friday, October 8th.**

*OTHER SPECIAL INFORMATION: The \$8.00 fee includes admission to the farm, petting zoo, hayride, and fun slides. Each guest will also receive a pumpkin and some food to feed the animals.*

**Kindergarten Teachers**



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**Please return permission slip by: Friday, October 8, 2010**

I acknowledge that my child \_\_\_\_\_ ( )will ( ) will not participate in the field trip to Johansen Farms. Child's Name

In the event of an emergency, I give my permission for emergency transportation and medical treatment.

In the event of an emergency you can reach me at the following numbers:

Father/Guardian (Home Phone)\_\_\_\_\_ (Work Phone)\_\_\_\_\_

Mother (Home Phone)\_\_\_\_\_ (Work Phone)\_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_