

Permission Form for Nature's Classroom

Student's Name: _____

- Yes, my child will be attending the 3 day program at Nature's Classroom on Monday 9/25, Tuesday 9/26 & Wednesday 9/27
- Yes, I understand that there will be the normal morning drop-off at school.
- Yes, I have arranged a pick up for my child at one of the locations on that Monday and Tuesday around 7pm.

MEDICATION

- Yes, my child has prescribed medication that needs to be given before 7pm. If so, contact Nurse Kate Smith (ksmith@cclcs.info)
- No, my child does not have prescribed medication that needs to be given before 7pm.

CHOOSE YOUR MONDAY/TUESDAY EVENING PICK UP OPTION:

- 1) _____ Pick up around 7:05 pm at the Cape Cod Rail Trail Parking Lot (460 Station Ave, South Yarmouth)
- 2) _____ Pick up at CCLCS around 7:15pm

COST:

- I am enclosing \$100, the full cost of the field trip.
- I am paying \$100 using the PayPal link on the CCLCS website.
- I would like to request a scholarship for my child, and I will email Katie Prchlik.
- I have enclosed a donation in addition to the \$100 to offset the cost of another student.

Parent/Guardian Signature: _____

Anything else you would like us to know?