

**State Street School
Summer Field Trip Program 2016
Bridge the Summer Gap
July 6th, 15th, 20rd and 27th**



Schedule

July 6th - Exploring Providence/Warwick, RI - 9:00 - 3:00

Tour and Lunch at the RI State House
Tour of Community College of RI

July 15th - Explore Matunuck/Narragansett, RI - 9:00 - 3:00

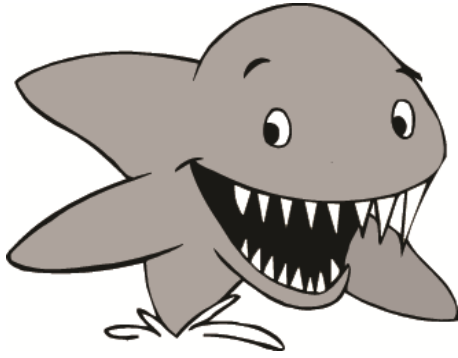
Theater by the Sea - Lucky Bob
South County Museum

July 20th - Explore Westerly/Watch Hill, RI - 9:00 - 3:00

Tour of Westerly Airport/Police Station
Tour Watch Hill Light House/Ride the Carousel and Ice Cream at St. Clair's

July 27th - Explore Quonset, RI - 9:00 - 3:00

Tour Edesia Factory - Edesia's mission is to treat and prevent malnutrition for the world's most vulnerable. This factory makes a peanut product.
Tour the Seabee Museum & Memorial



State Street Elementary School

35 State Street
Westerly, RI 02891
Telephone 348-2340
Fax 348-2345

Audrey Faubert, Principal
afaubert@westerly.k12.ri.us

May 2016

Dear Parents:

Welcome to the Summer Bridge Field Trip Program. This year we will be charging a deposit for each field trip per child. The reason we are doing this is because there are a lot of children who would love to attend the field trips and in the past few years we have had children that have signed up and did not come on the day of the field trip. This takes a spot away from a child that really wants to attend and we lose the money that we have to pay up front in June for tickets. These deposits will all be refunded at the end of the summer for all the field trips your child attends. If your child **does not** attend a field trip the deposit for that field trip will **NOT** be refunded. The deposit amounts are listed below. I will need your check and this form by **May 27th**. Checks can be made out to "SSS FEC".

July 6th - Tour the RI State House/Community College of RI \$5.00 _____
July 15th - Theater by the Sea/South County Museum \$10.00 _____
July 20th - Explore Westerly/Watch Hill \$5.00 _____
July 27th - Tour Edesia/Seabee Museum \$5.00 _____

Please write your name and address below where you would like your refund deposit check mailed:

Name: _____

Address: _____

Phone #: _____

If you need financial assistance or have any questions or concerns, you can call me at 348-2398 or email me at mkpatten@westerly.k12.ri.us.

Thank you for your support.

Mary- Kay Patten, Summer Bridge Program Coordinator

Please see other side for schedule and times

Field Trip Registration Form

Child's name: _____

Current Grade: _____

Parent/ Guardian Name: _____

Telephone _____ Email _____

**Please return to Mary-Kay Patten May 27th, 2016
Space is limited.
You will be notified when your child has been registered.**

Volunteers

Chaperones MUST be on the district list and have a current background check on file!

_____ I would like to chaperone the trips on the following dates:

_____ I would like to assist with the packet collection, correction, and returns.

Policy and Requirements

I understand:

- My child will complete the assignment(s) with a focus on reading/mathematics
- My child will also need to follow rules for good behavior
- Any child can be dismissed from any trip for poor or unsafe behavior
- Children must be at the school by 8:45 and picked up by 2:45 to guarantee participation
- All trips will be on the designated dates.

Parent/ Guardian Signature: _____ Date: _____

Complete this section only if your child **can't** attend **all** trips. If we have a waiting list, other children will be invited to attend. Unfortunately, my child will not be able to attend he trips on the following dates:

IMPORTANT!! PLEASE FILL OUT OTHER SIDE!!!



**Westerly Public Schools
Permission Slips**

My son/daughter _____ has permission to
attend _____ field trip on _____
(date)

Time of departure is scheduled for _____ and students will return to school at
approximately _____ Cost: _____

Teacher's Name _____

In case of emergency, I hereby authorize my child to be treated by certified emergency
personnel (i.e., EMT, first responder, ER physician). Permission is granted to those in
charge to seek Emergency Medical Care for my child when necessary.

Student Name _____ Date of Birth _____

Student Address _____

Medical Allergies _____

Health Insurance Name and Policy # (optional) _____

Doctor's Name and Phone # _____

Parent/Guardian Name (please print) _____

Parent/Guardian Signature Daytime Phone # Cell Phone #

Emergency Contact Daytime Phone # Cell Phone #

White - Principal

Canary - Teacher

Pink - Parent/Guardian