

FROST VALLEY YMCA

WHERE SUMMER HAPPENS

Center Moriches Middle School – Grade 6 Field Trip

Dear Parents,

Welcome to our presentation regarding the field trip to Frost Valley, New York on May 8 through May 10 for Grade Six students. This 3-day, 2-night adventure is one of the highlights of the Grade Six experience.

Please read through this packet and complete all necessary paperwork.

The number one question we always get is “Where is Frost Valley?” Frost Valley is in Claryville, New York, located in the Catskills Mountains.

Frost Valley is a camp, retreat destination, and environmental education center offering people of all ages and abilities enriching, even life-altering, outdoor experiences. Located on over 5,500 acres in the heart of the Catskill Mountains – just 2 hours north of New York City – they provide year-round access to nature, adventure, growth, and fun.

Their website is an excellent source of information. It can be found at: <https://frostvalley.org/>

Many of your questions can be answered here at their FAQ section: <https://frostvalley.org/school-programs/school-trips/faq/>

The Frost Valley Store can be located here: <http://www.frostvalleystore.org/>

We look forward to an amazing trip this May and hope each and every student can be a part of it!

Please feel free to contact us at any time with any questions or concerns,

Sincerely,

Mrs. Taryn Glynn

Mr. Bradford Turnow

STUDENT HEALTH FORM

DATE OF TRIP: FROM _____ TO _____

School _____ Lead Teacher _____

Student Last Name _____	First Name _____
Parent/Guardian's Name _____	
Phone Number: (home) _____	(work) _____ (cell) _____
Home Address _____	
Family Physician _____	Phone _____
Insurance Company _____	ID# _____
In an emergency, if unable to reach parent, contact:	
Name _____	Phone _____
Name _____	Phone _____

Health History: (please check all that apply and explain):

<input type="checkbox"/> Asthma	<input type="checkbox"/> Glasses/contact lenses	<input type="checkbox"/> Heart disease/defect
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Eating disorders	<input type="checkbox"/> Nose bleeds
<input type="checkbox"/> Hypertension	<input type="checkbox"/> Respiratory disorder	<input type="checkbox"/> Ear infections
<input type="checkbox"/> Seizure disorder	<input type="checkbox"/> Sleep walking	<input type="checkbox"/> Chicken pox
<input type="checkbox"/> Headaches	<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Other _____

Comments: _____

Any known allergies (Food or Drug): _____

Diet Restrictions _____

Date of Last Tetanus Shot _____

CUT WHEN NEEDED.....

Note: 2 signatures REQUIRED* below

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR TEMPORARILY SEPARATED FROM HIS/HER PARENTS

I, the undersigned, parent or legal guardian of (child's name) _____, a minor, am familiar with the program and the general nature of activities planned during their trip to Frost Valley YMCA, and to the best of my knowledge the above information is correct and my child is capable of participating in and has permission to engage in all activities. I do hereby authorize

(School Name) _____

(Lead Teacher) _____ As our agent(s) to consent to any diagnostic procedure or medical care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician at the nearest hospital with facilities appropriate to my child's injury/illness. I agree to the release of any records necessary for medical treatment or insurance purposes. This authorization shall remain effective until (day after the last day of the trip) _____ unless sooner revoked in writing delivered by said agent(s).

*Parent/Legal Guardian's Signature _____ Date _____

STUDENT WAIVER OF LIABILITY

I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my dependent children which might arise directly or indirectly as a result of, and or participation in, the Frost Valley YMCA program. I hereby expressly release, discharge and hold harmless from any liability whatsoever the Frost Valley YMCA and all employees and volunteers in their capacities as representatives of the YMCA. Except for injuries caused intentionally, or by willful misconduct, I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same is binding not only of me, but my heirs, administrators, executors, successors and assigns. This document may be photocopied.

*Parent/Legal Guardian's Signature _____ Date _____

STUDENT MODEL AND STATEMENT RELEASE

Periodically, Frost Valley YMCA uses photos and statements made by participants in Frost Valley YMCA programs for newsletters, fundraising efforts, brochures and articles about Frost Valley YMCA. All photos and statements are used with reasonable judgement for purposes directly relating to the operations of Frost Valley YMCA. This signed form gives Frost Valley YMCA permission by the signer to utilize participant photos or statements for the purposes mentioned above.

Parent/Legal Guardian's Signature _____ Date _____

Fecha de viaje De: _____ Hasta: _____
 Escuela _____ Líder _____

Información de la salud del estudiante

Apellido del estudiante: _____ Nombre: _____
 Nombre de Padre/Guarda: _____
 Teléfono: (Casa) _____ (Trabajo) _____ (Celular) _____
 Dirección: _____
 Médico de familia: _____ Teléfono: _____
 Compañía de seguros: _____ # de Identificación _____
 Contactos de emergencia: Nombre: _____ Teléfono: _____
 Nombre: _____ Teléfono: _____

Historia de Salud: (por favor, marque todos que se apliquen y explíquelos):

<input type="checkbox"/> Asma	<input type="checkbox"/> Lentes/Lentes de contacto	<input type="checkbox"/> Problemas del corazón
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Dolencias de consumición	<input type="checkbox"/> Hemorragias nasales
<input type="checkbox"/> Hipertensión	<input type="checkbox"/> Dolencias respiratorios	<input type="checkbox"/> Problemas del oído
<input type="checkbox"/> Ataques epilépticos	<input type="checkbox"/> Sonambulismo	<input type="checkbox"/> Sífilis de pollo
<input type="checkbox"/> Dolores de cabeza	<input type="checkbox"/> Eneuresis	<input type="checkbox"/> Otro

Comentarios:

Alergias sabidas (alimento o droga): _____
Restricciones de la dieta: _____
Fecha de la última vacuna de tétano: _____

Corte aquí cuando es necesario-----uToma Nota: 3 firmas requeridas abajo-----

La autorización de consentir al tratamiento del menor de edad separó temporalmente de su a padres Yo, el infrascrito, el padre o guarda legal de (nombre del niño) _____, un menor de edad, soy familiar con el programa y la naturaleza general de las actividades previstas durante su viaje a Frost Valley YMCA, y al mejor de mi conocimiento la información antedicha está correcta y mi niño/a tiene capaz de participar y el permiso para enganchar a todas las actividades. Autorizo por la presente (Nombre de escuela) _____, (Líder) _____ como nuestros agente(s) a consentir a cualquier procedimiento de diagnóstico o asistencia médica que se juzgue recomendable por, y debe ser rendida bajo supervisión general o especial de cualquier médico autorizado en el hospital más cercano con las instalaciones apropiadas a lesión/a la enfermedad de mi niño/a. Estoy de acuerdo con la liberación de todos los registros necesario para fines de tratamiento o de seguros médicos. Esta autorización seguirá siendo eficaz hasta (el día después del último día de viaje) _____ a menos que más pronto esté revocada en la escritura entregada por los agentes dichos.

Firma de Padre/Guarda: _____ **Fecha:** _____

Renuncia del estudiante de la responsabilidad

Acepto por la presente cualesquiera y toda la responsabilidad, y asumo el riesgo de cualesquiera y toda la lesión o daño a mis niños dependientes como resultado de quienes pudo presentarse directamente o indirectamente y o la participación en el programa de Frost Valley YMCA. Yo por la presente, expresamente, alivio, descargo y sostengo inofensivo de cualquier responsabilidad Frost Valley YMCA y todos los empleados y voluntarios en sus capacidades como representantes del YMCA, a excepción de lesiones causadas intencionalmente o por mala conducta voluntariosa. Certifico que soy familiar con el contenido de este forma que he leído y entiendo iguales y que mi intención por firmando este forma que igual esté atando no sólo en mí solamente a mis herederos, administradores, ejecutores, sucesores y los asignos. Este documento puede ser fotocopiada.

Firma de Padre/Guarda: _____ **Fecha:** _____

Estudiante Modelo y Declaración Permiso

Periódicamente, Frost Valley YMCA usa fotos y declaraciones hechas por los participantes en los programas del Frost Valley YMCA para el boletín de noticias, esfuerzos de la obtención de fondos, folletos y artículos sobre Frost Valley YMCA.. Todas las fotos y declaraciones se utilizan con el juicio razonable para los propósitos directamente referentes a las operaciones de Frost Valley YMCA. Este forma firmado da el permiso Frost Valley YMCA del firmante para utilizar las fotos o las declaraciones del participante para los propósitos mencionados anteriormente.

Firma de Padre/Guarda: _____ **Fecha:** _____



Frost Valley YMCA Guenther Family Wellness Center

Written Physician & Parent Permission Form

2000 Frost Valley Road, Claryville, NY 12725 Tel: 845.985.2291 Fax: 845.985.0059

STUDENT NAME: _____ DATE OF BIRTH: _____

SCHOOL NAME: _____

PHYSICIAN'S NAME: _____ PHONE: _____

The following over the counter medications are available at the Wellness Center, and can be administered as needed per label instructions by age and weight of the student. **PLEASE NOTE:** Absolutely **NO** over the counter or prescription medications, supplements, vitamins, or topical ointments can be administered without a physician and parent's signature, in accordance with New York State Education Law, Title 139, Section 6902.

ALL MEDICATIONS SENT TO CAMP MUST BE SENT IN THEIR ORIGINAL CONTAINERS WITH LABELING INTACT

TO THE PROVIDER: Please, indicate approval for administration by circling yes or no in the space indicated.

MEDICATION	ROUTE	DOSAGE	SCHEDULE & INDICATIONS	MAY BE ADMINISTERED	
Tylenol (Acetaminophen)	By mouth (elixir or tablets)	Per label instructions By age and weight	Every 4 hours PRN pain or fever > _____ °F	Yes	No
Motrin (Ibuprofen)	By mouth (elixir, suspension or tablets)	Per label instructions By age and weight	Every 4 hours PRN pain or fever > _____ °F	Yes	No
Phenylephrine HCl	By mouth (tablets)	Per label instructions By age and weight	Every 4 hours PRN nasal congestion	Yes	No
Robitussin (Guaifenesin)	By mouth (syrup)	Per label instructions	Every 4 hours PRN cough	Yes	No
Dramamine (Dimenhydrinate)	By mouth (chewable tabs or tablets)	Per label instructions By age and weight	Every 6 hours PRN motion sickness	Yes	No
Benadryl (Diphenhydramine)	By mouth (elixir, tablets or capsules) Apply topically	Per label instructions By age and weight	Every 6 hours PRN allergies, or insect bites	Yes	No
Claritin (Loratadine)	By mouth (tablets)	10 mg	Daily PRN allergy symptoms	Yes	No
Zyrtec (Cetirizine HCl)	By mouth (tablets)	10 mg	Daily PRN allergy symptoms	Yes	No
Allegra (Fexofenadine)	By mouth (tablets)	180 mg	Daily PRN allergy symptoms	Yes	No
Tums (Calcium Carbonate)	By mouth (tablets)	840 mg	Every 2 hours PRN acid indigestion	Yes	No
Imodium	By mouth (tabs or capsules)	Per label instructions	After loose stools	Yes	No
Lactaid (Lactase)	By mouth (caplets)	Three caplets	With first bite of dairy	Yes	No
Maalox	By mouth (suspension)	10 mL	Every 4 hours PRN upset stomach	Yes	No
Sunblock or Sunscreen	Apply topically	SPF ≥30	Apply PRN prior to sun exposure	Yes	No
Insect Repellent	Apply topically	Aerosol or pump	Per label instructions	Yes	No
Bacitracin Ointment	Apply topically	Bacitracin Zinc 500 U	Apply 1-3x Daily PRN minor cuts	Yes	No
Hydrocortisone Cream 1%	Apply topically	Hydrocortisone 1%	Apply 3-4x Daily PRN skin irritation	Yes	No
Antifungal Cream	Apply topically	Tolnaftate 1%	Apply twice daily to soothe itching	Yes	No
Calamine Lotion	Apply topically	Per label instructions	As needed PRN itching	Yes	No

PROVIDER: Please document below the current medication regimen for the above-stated student, including scheduled and PRN medications.

MEDICATION	ROUTE	DOSAGE	SCHEDULE	COMMENTS

The above-stated student may self-carry the following items and/or medications (select all that apply):

Sunblock Epi-Pen Albuterol Inhaler Proventil Inhaler Insulin Pump Pens Other: _____

The above noted "self-carry" items/medications are permitted for the indicated minor at all times. He/she has been instructed by the physician and acknowledges the proper understanding of the purpose, frequency, and appropriate method of use of these items and/or medications. As I consider him/her responsible, I will not hold Frost Valley YMCA personnel responsible for any errors which may arise in my child's self administration of these items and/or medications.

Physician/Healthcare Provider Signature: _____

Parent/Guardian Signature: _____ Date: _____



Frost Valley Forma de la Medicación Para los Servicios Médicos

Escuela _____ Líder _____
 Apellido del estudiante: _____ Nombre: _____
 Fecha de nacimiento: _____ Pesa: _____ Alergias: _____
 Nombre de Médico: _____ Teléfono: _____

Los medicamentos sin recetas siguientes están disponibles en el centro de salud. Estos medicamentos se pueden administrar en la discreción de una enfermera registrada por instrucciones de la etiqueta por edad y el peso solamente si la firma del padre y del médico se documenta abajo. Nota: Todas las medicaciones se deben enviar en el empaquetado original.

Nombre de la droga genérica	Método	Schedule and Indications	Provider Order
Acetaminophen (Tylenol)	Por la boca (chewable tabs, elixir or tabs)	Q 4h as needed for pain or fever> ___-F	Sí o No
Ibuprofen (Motrin)	Por la boca (chewable tabs, elixir, suspension or tabs)	Q 6h as needed for pain or fever> ___-F	Sí o No
Sudafed	Por la boca (tabs)	Q 4h nasal congestion *not more than 4 doses in 24 hours	Sí o No
Cough drops	Por la boca (lozenges)	Q 2h as needed for sore throat	Sí o No
Guaifenesin (Robitussin)	Por la boca (syrup)	Q 4 h for cough	Sí o No
Dimenhydrinate	Por la boca (chewable tabs) 50 mg	Q 6 h motion sickness	Sí o No
Generic Benadryl	Por la boca (elixir, chewable tabs or pills)	Q 6 h as needed for allergic reaction, hives, insect bites	Sí o No
Sunblock or sunscreen	Apply topically	30 minutes prior to sun exposure as needed for outdoor activities	Sí o No
Bacitracin Zinc 1%	Apply topically	Q 4 h for signs of irritation to skin	Sí o No
Hydrocortisone Cream 1%	Apply topically	Q4 h for Itch	Sí o No

Médico

Por Favor, documente abajo el régimen actual de la medicación para medicaciones programadas y "como necesarias" recibidas rutinario por el menor de edad arriba conocido.

Medicamentos recetados	Método	Dosis	Horario *Sea específico *: ex: (qam,qhs,bid, tid qid,)	Comentarios

Permiso para llevar la medicación. [Bloque de sol, inhaladoras de rescate, y epi -pens]

Pedimos que permitan el estudiante nombrado arriba para llevar uno o todo de la siguiente:

(Por favor, marca todos que aplique e indique el pedido del doctor arriba)

Bloque de sol _____ Epi - pen _____ Albuterol Inhaler _____ Proventil Inhaler _____ Insulin Pump Pens _____

Otro _____

Comentarios: _____

Permitirán al menor de edad indicado para llevar siempre los artículos/las medicaciones arriba. Los padres y el médico lo ha dado instrucciones y el/ella reconoce la comprensión apropiada del propósito, de la frecuencia y del método apropiado de uso de estos artículos. Como se lo considero responsable, no detendré empleados del YMCA responsables de ningunos problemas o cuestiones que puedan presentarse con respecta a la autoadministración de mi niño de estos artículos/medicaciones.

DEBE TENER LAS FIRMAS SIGUIENTES O NINGUNO DE ARRIBA CONOCIDO SOBRE LAS MEDICACIONES CONTRARIAS, LAS MEDICACIONES PRESCRITAS O UNO MISMO LLEVA MEDICACIONES SERÁ ADMINISTRADO EN EL CAMPO

Firma de Médico: _____

Numero de teléfono: _____ Dirección: _____

FROST VALLEY YMCA

Store Price List

Sweatshirt \$30

Colors: Navy, Red, Maroon, Light Blue, Pink

Sizes: Youth Small - Adult XL

Tie Dye Sweatshirt \$40

T-Shirt \$12

Colors: Orange, Green, Navy, Pink, Lime, Red, Gray, Purple, Light Blue

Sizes: Youth Small - Adult XL

Tie Dye T-Shirt \$20

Long Sleeve Shirt \$21

Colors: Maroon, White, Purple, Black, Gray

Sizes: Youth Large - Adult XL

Flannel Pants \$25

Colors: Black/White, Green/Purple, Maroon, Navy, Pink

Sizes: Youth Small - Adult XL

Sweatpants \$30

Colors: Navy, Gray

Sizes: Adult X Small - Adult XL

Joggers \$36

Mens Shorts \$28

Baseball Hat\$20

Bandana\$3

Drawstring Bag\$5

20 oz Water Bottle\$5

32 oz Nalgene Bottle\$15

I Love FV Mug (12 oz)\$5

Travel Mug (16 oz)\$20

Maple Syrup (1/2 Pint)\$9

Maple Syrup (1 Pint)\$16

Maple Syrup (1 Quart)\$29

Stuffed Animal (Small)\$10

Stuffed Animal (Large)\$20

Pillow Pet\$15



SCHOOL TRIPS at FROST VALLEY YMCA

Behavior Contract

I understand the following behavior is expected of me while I am at Frost Valley:

1. To cooperate with fellow students, teachers and the Frost valley staff.
2. To accept the responsibility for completing any work assigned to me.
3. To have good manners at all times.
4. To participate in all the activities that I am assigned.
5. To be on time for all activities and meals.
6. To respect the property of others, not to enter anyone's room without their permission and not to touch anyone's property.
7. To remain in the lodges between lights out and the morning wake up call.
8. To keep my room neat and not harm any of the Frost Valley property. If I damage anyone else's property, I will pay for the damages.
9. To respect quiet hours in the lodge from 10:00 pm to 7:00 am, lights out is at 10:00 pm. It is VERY important that I am well rested and ready each day for the full day of activities.
10. To not collect any living things (plant or animal) unless supervised by a Frost Valley Program Instructor for a specific class activity.
11. To go in the lodges alone; I must be accompanied by an adult at all times.
12. To make the trip the most interesting and rewarding by getting involved in the activities and following instructions to the best of my ability.

Anyone who shows that he/she cannot live harmoniously with others, endangers his/her own safety or that of his fellow students, or cannot accept the rules and regulations , will be required to call his/her parents and will be removed from the group and asked to leave Frost Valley.

I have read and understand the above information. I promise to follow these guidelines and be on my best behavior during the trip.

Student's Signature

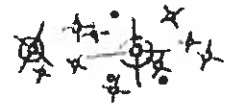
Parent's or Guardian's Signature





SCHOOL TRIPS PACKING LIST

NOTE: Students should be limited to ONE suitcase or duffel bag.
ALL ITEMS SHOULD BE MARKED WITH YOUR NAME.



Use the handy list below to check off items as you pack them both at home before you come to Frost Valley YMCA and use it again to make sure you don't leave anything behind!

NECESSARY:			OPTIONAL:			WINTER GEAR:		
AT HOME	AT FROST VALLEY		AT HOME	AT FROST VALLEY		AT HOME	AT FROST VALLEY	
<input type="checkbox"/>	<input type="checkbox"/>	4 pairs of underwear	<input type="checkbox"/>	<input type="checkbox"/>	slippers	<input type="checkbox"/>	<input type="checkbox"/>	snow pants
<input type="checkbox"/>	<input type="checkbox"/>	4 pairs of socks	<input type="checkbox"/>	<input type="checkbox"/>	reading materials	<input type="checkbox"/>	<input type="checkbox"/>	boots (insulated, waterproof)
<input type="checkbox"/>	<input type="checkbox"/>	pajamas	<input type="checkbox"/>	<input type="checkbox"/>	writing materials	<input type="checkbox"/>	<input type="checkbox"/>	2 pairs warm mittens/gloves
<input type="checkbox"/>	<input type="checkbox"/>	2 pairs of walking shoes	<input type="checkbox"/>	<input type="checkbox"/>	plastic bags	<input type="checkbox"/>	<input type="checkbox"/>	scarf
<input type="checkbox"/>	<input type="checkbox"/>	raincoat	<input type="checkbox"/>	<input type="checkbox"/>	waterproof boots	<input type="checkbox"/>	<input type="checkbox"/>	winter coat (insulated, waterproof)
<input type="checkbox"/>	<input type="checkbox"/>	hat or hood	<input type="checkbox"/>	<input type="checkbox"/>	wash cloth	<input type="checkbox"/>	<input type="checkbox"/>	2 pairs extra wool/warm socks
<input checked="" type="checkbox"/>	<input type="checkbox"/>	2 warm pants or jeans	<input type="checkbox"/>	<input type="checkbox"/>	binoculars	<input type="checkbox"/>	<input type="checkbox"/>	ski hat (must cover ears)
<input type="checkbox"/>	<input type="checkbox"/>	1 jacket	<input type="checkbox"/>	<input type="checkbox"/>	sunglasses	<input type="checkbox"/>	<input type="checkbox"/>	long underwear
<input type="checkbox"/>	<input type="checkbox"/>	1 heavy sweater	<input type="checkbox"/>	<input type="checkbox"/>	lip balm/chap stick	* SNEAKERS ARE DISCOURAGED FOR WINTER WEAR		
<input type="checkbox"/>	<input type="checkbox"/>	warm shirts	<input type="checkbox"/>	<input type="checkbox"/>	stamps			
<input type="checkbox"/>	<input type="checkbox"/>	light shirts	<input type="checkbox"/>	<input type="checkbox"/>	camera	NOT ALLOWED: <ul style="list-style-type: none"> • radio/CD player/MP3/MP4 player • portable TV • cell phones • videogames • knives • candy or gum • food • hair driers • fireworks • matches • pets 		
<input type="checkbox"/>	<input type="checkbox"/>	bath towel	<input type="checkbox"/>	<input type="checkbox"/>	laundry bag			
<input type="checkbox"/>	<input type="checkbox"/>	tissues						
<input type="checkbox"/>	<input type="checkbox"/>	soap, shampoo						
<input type="checkbox"/>	<input type="checkbox"/>	comb or brush						
<input type="checkbox"/>	<input type="checkbox"/>	toothbrush & toothpaste						
<input type="checkbox"/>	<input type="checkbox"/>	sleeping bag						
<input type="checkbox"/>	<input type="checkbox"/>	water bottle						
<input type="checkbox"/>	<input type="checkbox"/>	backpack						
<input type="checkbox"/>	<input type="checkbox"/>	pillow						
<input type="checkbox"/>	<input type="checkbox"/>	flashlight						



FROST VALLEY YMCA
2000 Frost Valley Road, Claryville, NY 12725
TEL 845-985-2291 FAX 845-985-0056 WEB frostvalley.org



Each year, the sixth and eighth grade students from Center Moriches Middle School go on a three day-two night trip. The Center Moriches sixth grade trip is to the Frost Valley YMCA camp located in the Catskill Mountains and the eighth grade trip is to Washington, D.C. Both trips have been a Center Moriches tradition for more than thirty years, and we hope that your child will be able to participate in these wonderful educational experiences. On **Tuesday, November 27, 2018** there will be an informational meeting for these trips in the LGI. The Frost Valley meeting will be at 6:00 pm and the Washington, D.C. meeting will be held at 6:45 pm. If you have any further questions regarding these trips, please feel free to contact us directly.

The costs of the trips are as follows:

*The Sixth Grade Frost Valley trip will cost \$350.00.

*The Washington, D.C. trip will cost \$400.00.

To that end, we are asking that a \$150.00 deposit/first payment and permission slip below be brought to the Middle School by **Monday, January 7th** in the form of either a check or money order made payable to *Center Moriches Middle School*. All medical forms must be returned and signed by your child's physician in order for your child to attend the trip.

Payment Schedule

	<i>DC Payment</i>	<i>FV Payment</i>	<i>Payment Due Date</i>
•Deposit/First Payment	\$150.00	\$150.00	January 7, 2019
Second Payment	\$150.00	\$100.00	February 11, 2019
Final Payment	\$100.00	\$100.00	March 11, 2019

**Please note: Payment in full can be made early at any time. Only checks or monday orders will be accepted.*

Dates

Informational Meetings

November 27, 2018

Frost Valley

May 8, 2019 – May 10, 2019

Washington, D.C.

May 21, 2019 – May 23, 2019

For parents of sixth grade students, you can find more information about Frost Valley at www.frostvalley.org, or you may want to talk to any of the thousands of students and alumni from Center Moriches who went to Frost Valley and Washington, D.C. in years past. We are sure you will find that these experiences are ones that they all still cherish.

Sincerely,

<i>Brad Turnow</i>	<i>Taryn Glynn</i>	<i>Chris O'Brien</i>	<i>Lawrence Voelger</i>
Brad Turnow	Taryn Glynn	Chris O'Brien	Lawrence Voelger
Advisor, Frost Valley	Advisor, Frost Valley	Advisor, Washington, D.C.	Advisor, Washington, D.C.

My child _____ has my permission to attend the field trip to: *(please circle one)*

 (name)

Frost Valley May 8, 2019 – May 10, 2019

Washington, D.C. May 21, 2019 – May 23, 2019

Full Student Name _____ Grade _____ Today's Date _____

Parent/Guardian Name (print) _____ Parent/Guardian Phone Number _____

Parent/Guardian Signature _____ Student Signature _____

***We understand that attending field trips is a privilege, not a right, and that academic, attendance, and discipline records are all reviewed when determining student eligibility. I have read and understand the eligibility procedures printed on the back of this permission slip.**