

PARENT INFORMATION PACKET

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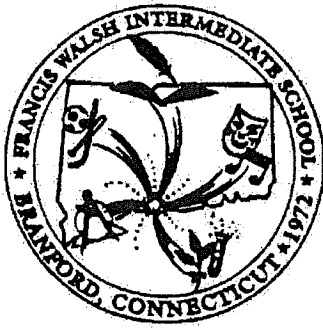
WIS Payment Agreement and Behavior Contract

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IMPORTANT DATES – KEEP FOR REFERENCE

- October 5** **FIRST PAYMENT DUE DATE**
Due by this date: NC Forms • WIS Forms • \$100 Minimum Paid to Date
- March 29** **FINAL PAYMENT DUE DATE (if not paid in full prior to this date)**
Due by this date: NC Forms • WIS Forms • \$330 Paid In Full
- April 24** **Chaperone Meeting 6:30 pm**
Only for parents who are scheduled to chaperone.
- May 7** **DEPARTURE FROM WIS 8:45 am**
Students arrive at WIS between 7:30 and 7:45; drop their luggage in the Big Gym and report to the dining commons.
- May 10** **ARRIVAL AT WIS 2:00 pm**
Students and luggage can be picked up from the lawn area outside the tennis wall. Students do not report to classrooms. **(If rain is expected, pick up will be from the Big Gym)**



Francis Walsh Intermediate School

Raeanne Reynolds
Principal

Peter J. Anaclerio
Vice Principal

Douglas E. Cucchiarelli
Vice Principal

September 2018

Dear 6th Grade Parent/Guardian:

For over 30 years, Walsh 6th graders have had the opportunity to attend Nature's Classroom Outdoor Education program at YMCA Camp Jewell. This year your child has the opportunity to attend a 4-day/3-night trip, **May 7-10, 2019**.

Nature's Classroom (NC) offers our students an experience we simply cannot duplicate in the classroom. Children who attend get a firsthand, "unplugged" experience of the natural world, as well as a chance to bond with friends and teachers outside of school. Students engage in science experiments, building geodomes, go on day and night hikes, and if they choose, animal dissections. You may be surprised to greet a notably more confident and mature 6th grader when your child returns from this experience.

This Parent Information Packet contains important information about the trip, including financial information and permission forms. *A limited amount of financial aid is available for families who apply for assistance via letter or email by **OCTOBER 31, 2018**.* Some of the forms may seem repetitive; that is because one set is for Walsh and one set is for Nature's Classroom.

During our time at Nature's Classroom, we have a certified nurse on site who is responsive to all our needs 24 hours a day. The NC nurse sees many of our students daily for routine complaints such as stomach aches, cuts and bruises as well as administering daily medication. If you have any concerns specific to your child, please do not hesitate to contact me.

Additionally, any student whose behavior during the school year results in significant discipline consequences may have a behavior plan implemented during our NC trip.

PLEASE SAVE THIS PACKET for reference throughout the months ahead. You may also download a copy from the WIS website, including all permission forms. If you have any questions, please contact me via email (dcucchiarelli@branfordschools.org) or telephone at 203-315-7954.

Sincerely,

A handwritten signature in black ink that reads "Doug Cucchiarelli".

Douglas Cucchiarelli
Vice Principal

FINANCIAL INFORMATION

PAYMENT MUST BE MADE IN FULL BY MARCH 29, 2019

PRICE PER STUDENT: \$330 (includes Nature's Classroom plus bus transportation)

A limited amount of financial aid is available for families who apply for assistance via letter or email to Mr. Cucchiarelli by October 31, 2018 (dcucchiarelli@branfordschools.org)

PAYMENT DEADLINES

MINIMUM TOTAL due by **October 5** - **\$100**
PAYMENT IN FULL due by **March 29** - **\$330**

Three Payment Options:

1. Pay in full on October 5th (\$330)
2. Two Payments of \$165 (October 5 and March 29)
3. Six (6) Monthly Payments (see below)

Monthly Payment Schedule

October 5	\$100
November 30	50
December 21	50
January 31	50
February 28	50
March 29	<u>30</u>
TOTAL	\$330

✓ **CHECKLIST FOR YOUR FIRST PAYMENT**

Please submit all paperwork with your first payment

1. Cash, check or money order made out to WIS - minimum \$100
2. Nature's Classroom **Registration**
3. Nature's Classroom **Home and Health Questionnaire**
4. WIS **Payment Agreement and Behavior Contract**
5. WIS **Health and Emergency Permission Form**

NATURE'S CLASSROOM STUDENT REGISTRATION

Please print all information and please fill in all the blanks

Child's Name _____ Date of Birth _____
(Last) (First)

Age _____ Sex _____ Weight _____ Height _____

Address _____
(No. and Street) (Town) (State) (Zip)

Parent's Name(s) _____

Email Address _____

Home Telephone (____) _____ Alternate Telephone (____) _____

Family Physician _____ Telephone (____) _____

I give permission for (Name) _____ to attend Nature's Classroom

for the period of _____ as part of the outdoor education program

of (School Name) _____ . I understand that the director of Nature's Classroom may, if necessary, for my child's health, have him/her hospitalized or use outside medical, surgical, or dental care. I also understand that the director and/or school leaders may dismiss my child from Nature's Classroom if, in their opinions, his/her conduct or influence is not in the best interest of the entire group. No refund is given if such action is taken for discipline reasons. Nature's Classroom has my permission to use my child's image, voice and/or likeness for promotional purposes.

Date _____ Signature _____ Relationship _____

MEDICAL PERMISSION SLIP

Should your child become ill, get a headache, catch a cold or have other minor medical or dental problems, do you give permission for the administration of basic first aid at the discretions of the Nature's Classroom staff?

Yes _____ No _____

Date _____ Signature _____ Relationship _____

If Ibuprofen or Tylenol needs to be administered, do you prefer:

IBUPROFEN _____ TYLENOL _____ OTHER (Specify) _____

Nature's Classroom

HOME AND HEALTH INFORMATION QUESTIONNAIRE

Child's Name: _____ Date of Session: _____

The questions below are provided to give you a framework within which to provide that needed information to us. Please feel free to add whatever information you think will be helpful – attach additional sheets if necessary. We will share this information with your child's classroom teachers prior to his/her arrival at camp. Thank you for your cooperation.

1. Is this your child's first prolonged stay away from home? _____

2. Is this your child's first sleep away experience? _____

3. Has your child ever had a problem with homesickness? If yes, please explain briefly. _____

4. Does your child have a bed wetting problem? _____

5. Date of last tetanus booster shot (not a tetanus shot given after an injury). _____

6. Are there any restrictions on your child's activities? Please include any special health concerns, e.g., special diet, recent hospitalizations, fractured bones, etc.

7. List any allergies, e.g., food, environmental, medication, and explain degrees of severity and current treatment.

8. Does your child have any sensory, physical or cognitive disabilities? Yes No If yes, explain.

9. Has anything happened recently in your child's life that may affect him/her emotionally or physically while at camp? If yes, please explain.

10. Additional information:

Nature's Classroom

MEDICATION ADMINISTRATION FORM

All medications (including prescription, non-prescription and vitamins) must come in original containers.

Please complete *all parts* of the following chart for all medications being sent or the medication cannot be administered. If more than four medications are needed, please copy this page.

CHILD'S NAME: _____

I hereby give permission for the staff of Nature's Classroom to oversee the administration of the following medication(s) to my child:

Medication	Dose (mg, tsp)	Time Medication Taken				
		Breakfast	Lunch	Dinner	Bed	Other

Comments (reason for taking medications, special considerations): _____

Your child will not be allowed to keep any medication in his/her cabin. Prescribed medications must be in original container with pharmacy label containing Rx number, the name of the medication, the dosage, directions for administration, and the child's name. Whenever possible, a copy of the doctor's prescription or letter may be sent to clarify any discrepancies. All non-prescription medication must be in their original containers, clearly labeled with the child's name, name of the medication and direction for use.

Signed: _____ Dated: _____

Relationship: _____

PAYMENT AGREEMENT

STUDENT NAME: _____ TEAM: _____

PARENT/GUARDIAN NAME: _____

Please select a payment option (see page 3)

1. PAY IN FULL - \$330
2. 2 PAYMENTS OF \$165 EACH
3. MONTHLY PAYMENT PLAN INCLUDING FIRST PAYMENT OF \$100

I, the undersigned, have read and understand the financial information regarding my child's visit to Nature's Classroom on May 7-10, 2019.

I further understand my child cannot be included in a preferred cabin and/or group assignment made by the team if not paid in full.

PARENT/GUARDIAN
SIGNATURE: _____

DATE: _____

BEHAVIOR CONTRACT

My child and I understand that any visitor to Nature's Classroom whose behavior interferes with the well-being or dignity of others or does not meet the behavioral expectations for WIS **may be sent home**. Should this event occur, the parent/guardian is responsible for retrieving his/her child from the Colebrook site as soon as possible. Neither Nature's Classroom nor Walsh Intermediate School will provide refunds under such circumstances.

STUDENT
SIGNATURE _____ DATE: _____PARENT/GUARDIAN
SIGNATURE: _____ DATE: _____

HEALTH AND EMERGENCY PERMISSION FORM

WIS Nature's Classroom Trip

May 7-10, 2019

Student: _____ Team: _____ Date of Birth: _____

Address: _____ Home Telephone: _____

Parent/Guardian(s): _____ Cell: _____ Work: _____

Parent/Guardian(s): _____ Cell: _____ Work: _____

Other Contact: _____ Cell: _____ Work: _____

I give permission for my child to attend the 6th Grade Trip to Nature's Classroom, May 7-10, 2019. Should an emergency arise in which treatment by a qualified physician is required, I give permission for my child to receive treatment, and I give his/her teacher/chaperone permission to act in my name during the period of the field trip. I understand that every effort will be made to contact parents prior to reaching a decision of this nature.

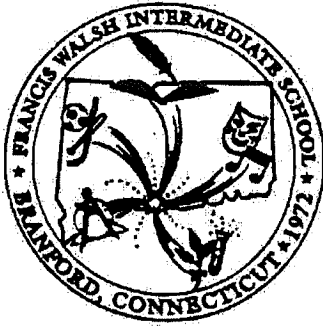
Parent/guardian Signature: _____ Date: _____

THE FOLLOWING INFORMATION IS IMPORTANT IN A MEDICAL EMERGENCY:

Date of most recent TETANUS shot: _____	
Severe allergies: _____	
Physical limitations: _____	
Medication required during this trip: _____	
Physician's Name: _____ Phone: _____	
Medical Insurance Company: _____ Insurance ID #: _____	
A registered nurse will be onsite at Nature's Classroom. Non-prescription medications are available should your child require minor medical attention, including Tylenol, ibuprofen, cough syrup and allergy medication. Please indicate your preference below:	
IBUPROFEN _____ TYLENOL _____	

IF YOUR CHILD REQUIRES PRESCRIPTION MEDICATION, PLEASE CONTACT THE WIS NURSE'S OFFICE:

203-315-6874



Francis Walsh Intermediate School

Raeanne Reynolds
Principal

Peter J. Anaclerio
Vice Principal

Douglas E. Cucchiarelli
Vice Principal

NATURE'S CLASSROOM CHAPERONE VOLUNTEER FORM

Dear Parent/Guardian:

We need approximately 20 adult chaperones to supervise the students in their cabins overnight at Nature's Classroom. Depending on the number of teachers, counselors and administrators who attend, we may need additional assistance from parent volunteers.

Chaperones may drive themselves up and back to Camp Jewell, or they may ride on the buses with students. Plan to arrive by noon of the day you begin chaperoning and stay until noon of your last day. During the day, chaperones are free to accompany students in the field and classrooms or remain at camp, where internet service is available in the Dining Hall. Chaperoning is required mainly during free time and in the cabins overnight. **Parents of the same gender of their child are preferred and priority in choosing chaperones will go to those who can stay all three nights. All chaperones must be able to stay at least two consecutive nights.** More information will be presented at the Chaperone Meeting on **April 24, 2019.**

If you would like to chaperone but cannot stay overnight, we will also need bus chaperones to ride with the students on the day we depart, May 7, 2019, and again when we return on May 10, 2019. Volunteers will meet the buses at WIS in the morning on each of those days and return in the afternoon. You need not be available both dates.

Thank you for your interest in chaperoning. You will be contacted later in the school year as volunteer requirements evolve.

Parent Name: _____ Phone: _____
Student Name: _____ Team: _____

Please circle **at least two nights** you will be able to chaperone overnight at Camp Jewell:

Tuesday, May 7 Wednesday, May 8 Thursday, May 9

Please circle the day or days you will be able to chaperone on the buses:

Tuesday, May 7 Friday, May 10

Sincerely,

Douglas Cucchiarelli
Vice Principal