

May 1, 2017

Dear Parents/Guardians:

North Haven Middle School is planning a number of special events for our 8<sup>th</sup> grade students! On **Monday, June 12<sup>th</sup>**, our 8<sup>th</sup> grade teams will be celebrating the successful (near) completion of middle school at **Holiday Hill** in Prospect, CT for a day of fun! The **8<sup>th</sup> Grade Dance** will take place on **Friday, June 9<sup>th</sup>, 2017 from 7:00-9:30PM** and our **8<sup>th</sup> Grade Awards and Promotion Ceremony** will be held on **Wednesday, June 21, 2017 at 10:30am** in the **North Haven High School gymnasium**. Additionally, the PTSA will provide a wonderful **8<sup>th</sup> Grade Field Day** on **June 19<sup>th</sup>**.

Holiday Hill is located at a paradise of country surroundings with more than 200 acres of meadows, woodlands, and lake area. Meals are served in the main lodge, with patios and decks that provide sweeping views of the Quinnipiac Valley. The North Pavilion provides a large covered area for indoor activities on rainy days.

The day includes events such as: basketball contests, wiffleball and soccer games, swimming, ping pong, homerun derby, limbo with the Disc Jockey, dance contests, carnival games, water balloon toss, pie eating contest, and sack races.

8<sup>th</sup> grade students will arrive at school on-time and will meet with their first class. We will transport the students to Holiday Hill by bus for a 9:00 AM arrival.

The cost of the outing and transportation will be **\$51** which includes food for the day. Students should wear comfortable clothing and bring a bathing suit and towel. Western style riding is available for an additional \$30 per trail ride payable at the site. Even though students may bring their backpacks and bags, students are advised not to bring valuables such as iPads or cell phones. Holiday Hill and North Haven Middle School are *not* responsible for any lost or stolen items. We know our students will have a terrific day and we expect that every student will follow our school rules. Should there be any behavioral issues, we will contact the parents immediately to pick up their child at the resort at 43 Candee Road, Prospect.

*Some students will not be attending this outing because of their behavior and/or academic standing. These students and their parents will be notified prior to June 5th and arrangements will be made for them to work at school.*

- ✓ Please complete the enclosed permission slip. Remember to include a cell phone/or telephone number (the most direct way to contact you) in case of an emergency situation.
- ✓ Return the permission slip with a check payable to: **North Haven Middle School** in the amount of **\$51** to your child's homeroom teacher by **Friday, May 19th**.
- ✓ Please arrange to pick up your child **promptly** at the school at the return time of **5:00PM**.
- ✓ Administration has the right to take away the privilege of attending this event due to poor behavior or academic failure.

Sincerely,

Philip Piazza, Principal

**NORTH HAVEN PUBLIC SCHOOLS  
North Haven, Connecticut**

**PARENT FIELD TRIP PERMISSION FORM**

I hereby grant permission for \_\_\_\_\_  
(Student Name) (Team)

to participate in a trip to Holiday Hill, 43 Candee Road Prospect, CT on Monday, June 12, 2017

I understand the transportation will be primarily by school bus.  
(mode of transportation)

**IN CASE OF EMERGENCY PLEASE NOTIFY**

Name \_\_\_\_\_ Home/Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Home/ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital of Choice \_\_\_\_\_ Health Insurance Company \_\_\_\_\_

Health Insurance ID# \_\_\_\_\_

**EMERGENCY MEDICAL INFORMATION**

Date of Birth \_\_\_\_\_ Approx. Date of Last Tetanus \_\_\_\_\_

Please list any allergies \_\_\_\_\_

Please list any medication needed on this field trip \_\_\_\_\_

I will accompany my child or authorize \_\_\_\_\_ to accompany my child and be responsible for administering his/her medication on this trip.

In case of emergency, I authorize any emergency medical care deemed necessary by a physician or other licensed healthcare practitioner in the event that I cannot be reached first.

\_\_\_\_\_  
Parent/Guardian Authorization Signature Date