

St. Gregory the Great Family Faith Formation
250 St. Gregory Court, Williamsville, NY 14221 - 688-5760

September, 2010

Dear Parents,

Part of the Fifth Grade Curriculum includes a field trip to Our Lady of Victory Basilica and National Shrine in Lackawanna. This trip is designed to familiarize the learners with the Basilica and Father Nelson Baker, servant of God.

Our field trip is scheduled for **WEDNESDAY, OCTOBER 13**. Learners need to be dropped off **AT THE GATHERING ROOM** (attached to the Church) no later than 6:00 pm. Buses will leave St. Gregory's promptly at 6:15 pm and return at 8:30 pm. **BUSES WILL DROP OFF IN FRONT OF THE CHURCH**. Please read and complete the following information carefully. Sign and tear off the permission slip and send it in with a \$7.00 check (NO CASH) made out to **St. Gregory the Great Family Faith Formation** for bus fare for your child. **All learners and parent chaperones must ride the bus to and from the field trip.**

PLEASE NOTE: This field trip is a required class for fifth graders. Anyone who is unable to attend will be given a make-up that must be completed and returned to me in the Family Faith Formation Office. Please feel free to call me if you have any questions.

Signed permission slips and \$7.00 check ***must be received*** no later than **Saturday, October 2, Monday, October 4, or Wednesday, October 6.**

Joan Rischmiller, Director of Family Faith Formation

----- detach here -----

Child's Name: _____

Please check one: Monday Wednesday Saturday Room # _____

_____ **has my permission to attend** the 5th grade tour of Our Lady of Victory Basilica on Wednesday, October 13. I understand bus transportation will be provided. Catechists and learners will meet in the Gathering Room (attached to the Church) by **6:00 p.m.** for attendance. Buses will return to St. Gregory's at **8:30 p.m.** Parents are welcome and encouraged to come. I have enclosed the \$7.00 bus fee.

I would like to attend with my child (additional \$7.00 per person)

I understand that our child is expected to follow the usual rules of behavior (see handbook).

Emergency Information:

Emergency Contact: _____ Phone #: _____ Cell #: _____

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(other than parent):

EMERGENCY MEDICAL AUTHORIZATION

Are there any food allergies: Yes No If yes, please list: _____

Are there any other health concerns? Yes No If yes, please list: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent to the administration of emergency medical treatment by any licensed physician or dentist and to transport my child to any reasonable accessible hospital facility.

Parent/Legal Guardian signature: _____

_____ **cannot attend** the tour. I understand he/she will be expected to do a homework assignment to replace this lesson.

PLEASE RETURN THIS SLIP and the \$7.00 PER PERSON (CHECKS ONLY) in an envelope with your CHILD'S NAME & ROOM NUMBER NO LATER THAN Saturday, Oct. 2, Monday, Oct. 4, or Wednesday, Oct. 6.

(MAKE CHECKS PAYABLE TO ST. GREGORY THE GREAT FAMILY FAITH FORMATION)