

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

September, 2010

Dear Parents,

The Seventh Grade learners will have a field trip to St. Louis Church. This trip is scheduled for **THURSDAY, OCTOBER 21 for all 7<sup>th</sup> grade learners. Catechists, learners and volunteers will meet in the GATHERING ROOM** 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.** Below is the permission slip for the upcoming field trip, which has a \$7.00 bus fee. **All learners and parent chaperones must ride the bus to and from the field trip.**

**PLEASE NOTE:** There will be **NO CLASS** on Monday, October 18 or Wednesday, October 20 – due to the field trip. The field trip is a required class, therefore, those learners who are 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.

Joan Rischmiller, Director of Family Faith Formation

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Child's Name: \_\_\_\_\_  
Day (please check one):  Monday  Wednesday Room # \_\_\_\_\_

\_\_\_\_\_ **has my permission to attend** the 7<sup>th</sup> grade tour of St. Louis Church on Thursday, October 21. I understand bus transportation will be provided. Learners and parents will meet in the Gathering Room by **6:00 pm** for attendance. Buses will return to St. Gregory's Church parking lot at **8:30 pm.** Parents are welcome and encouraged to come. I have enclosed a \$7.00 bus fee.

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

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

**Emergency Information:**

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
(other than parent)

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

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

**EMERGENCY MEDICAL AUTHORIZATION**

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 given a written make-up assignment to be completed and returned to his/her catechist.

**Parent/Guardian signature:** \_\_\_\_\_

**Please return by Monday, October 4 or Wednesday, October 6 in an envelope with your CHILD'S NAME & ROOM NUMBER. Make check payable to St. Gregory the Great Family Faith Formation (NO CASH)**