**cto**

**"Cosmic Cultures II” Inter-district Grant Program**

ctscience4kids.org

Student and Parent/Guardian, October 7, 2014

We are pleased and excited to inform you that your registration is complete and you have been accepted into “Cosmic Cultures II”. Congratulations and Welcome! Please see below for a important information on our first adventure!

**When**: Saturday, October 18, 2013

**Drop off at WMS** (side parking lot/ bus loop): 9 AM

**Pick up at WMS** (side parking lot/ bus loop): 1:45 PM

**Bring**: Lunch, snack, and drink.

**Wear**: Comfortable clothes and sturdy shoes (sneakers).

**Purpose**: Team building and the ropes course.

Please remember that we must have a firm commitment to attend all sessions of this program in order to follow grant requirements. **Attendance will be strictly monitored and** **students with two absences will be dropped from the program**. **Please make sure your parent/guardian will be at Washington Middle School to pick you up at 1:45 PM in the side lot!** Tardiness will be grounds for dismissal from the program. Given the lengthy waitlist for the program, there will be no exceptions to these policies. If there are any emergencies while on the field trip, please call or text Mrs. Vollono @ 203-464-1201.

**Please return this permission form to Mrs. Vollono in 8D by Tuesday, October 14, 2014.**

**Or *PARENTS* may complete the RSVP form at** [**www.CosmicCulturesII-WMS.weebly.com**](http://www.CosmicCulturesII-WMS.weebly.com)

I give my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, permission to attend the Cosmic Cultures field trip on October 18, 2014 to Camp Sloper. I understand that my child needs to be at WMS by 9:00 AM and will return to Washington Middle School at approximately 1:45 PM.

\_\_\_\_\_ My child will be walking home

**OR**

\_\_\_\_\_ My child will be picked up promptly at 1:45 PM by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Their phone number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_