



Dear 5th grade families,

We are very pleased to share that fifth graders will be attending a performance of *A Christmas Carol* at the Actors' Playhouse - Miracle Theatre in Coral Gables on **Monday, December 09, 2024**. Live theater helps support creative thinking, teaches empathy, and broadens the way children make meaning of the world around them.

Children should dress "smart casual" (i.e. nice slacks, buttoned down or collared shirts, dresses, etc.) for this delightful outing! Their school ID will, also, be required. Bookbags are not needed but they may bring a small purse or bag with them.

Lunch will take place back at school upon our return. We recommend your child have a hearty breakfast since lunch will be later than their usually scheduled time. Please provide your child with lunch, if they bring lunch from home. Those that are "school" lunch will have lunch provided as usual.

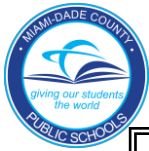
5th Grade teachers and Room Parents will be chaperoning this event. The cost per person is **\$21.60**. Please note that Archimedean has a **new** Field Trip payment procedure. Field Trips **can ONLY be paid** directly through the Archimedean Accounting Office **via credit card over the phone with Mrs. Baron by calling 305-279-6572 Ext 509 or by email, cashier@archimedean.org, using the form attached.** Payments are due by **Friday, November 8th**. Please fill out the attached field trip form and return with payment.

We are excited to watch our most recent novel study come to life and experience the thrill of live theater with our students!

Please contact your child's homeroom teacher if you have any questions.

Thank you!

The 5th Grade Team



MIAMI-DADE COUNTY PUBLIC SCHOOLS PARENT PERMISSION FORM -- FIELD TRIP

Field trips are not mandatory. They are designed to enhance curriculum, to encourage student participation in extra-curricular activities, and to serve as community service projects.

SECTION I. IDENTIFYING INFORMATION

SCHOOL Archimedean Academy DATE 10/07/2024

STUDENT'S NAME _____ I.D. NO. _____ GRADE/HR 5th Grade

SECTION II. NOTIFICATION TO PARENT

Archimedean Academy 5th Grade is planning a field trip for AA 5th Graders to Actors Playhouse Coral Gables, FL
School Group Sponsor Name Name of School Group Destination

The purpose of the trip is See a professional play based on a book R.1.3 & R.3.1

TRANSPORTATION: Private Vehicle _____ Bus ☒ Airline _____ Other _____
Name of Carrier Please Specify

This trip will be chaperoned by _____ 10 Teachers Cost to each student \$ 21.60
(Total Number of Chaperones)

I understand that if I am unable to pay for the cost of this trip, and I want my child to participate, where appropriate, my child will be given an opportunity to raise funds through authorized fund-raising activities, or be given assistance in identifying another funding source. (This provision does not apply to activities not directly related to classroom instruction, e.g., Grad Bash, football games, banquets, etc.)

DATE(S) OF TRIP : (Include departure/return time) FROM Monday, Dec 9, 2024 TO Monday, Dec 9, 2024

--The above time schedule and/or personnel may be changed due to unforeseen circumstances. --

PLEASE KEEP THE TOP PORTION FOR YOUR INFORMATION.

RETURN THE BOTTOM PORTION TO THE TEACHER.

SECTION III. PARENT/GUARDIAN'S WRITTEN PERMISSION TO PARTICIPATE IN ACTIVITY

I hereby give permission for my child _____ Student I.D. No. _____
(Child's Name)

to participate in the field trip to Actors Playhouse Coral Gables, FL
(Destination)

DATE(S) OF TRIP : (Include departure/return time) FROM Monday, Dec 9, 2024 TO Monday, Dec 9, 2024

I have completed the EMERGENCY CONTACT INFORMATION in Section IV (see below).

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

SECTION IV. EMERGENCY CONTACT INFORMATION

1. Name of parent/guardian _____
2. Parent/Guardian Phone No(s). Home _____ Business _____ Cell _____
3. In case parent/guardian cannot be reached, please contact: _____ Relationship _____ Telephone No. _____
4. Please list any insurance policy covering your child _____ Policy No. _____
5. Physician's Name _____ Telephone No. _____
5. Only if applicable, complete the following:
 - a. My child has the following medical problem: _____
 - b. My child takes the following medications regularly: _____
(Proper Medical form #2702 is on file at the school)
 - c. My child has the following allergies: _____

I AUTHORIZE MEDICAL TREATMENT FOR MY CHILD IN CASE OF ACCIDENT OR ILLNESS WHILE ON THE TRIP.

PARENT/GUARDIAN SIGNATURE _____ DATE _____



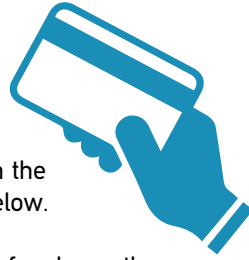
AA AMC AUC PRE-K ACC LUNCH

CREDIT CARD PAYMENT AUTHORIZATION FORM

Required

Student Name _____ Section _____

Parent / Guardian Name _____



I hereby authorize the "Archimedean Academy Inc." to charge my credit card in the amounts stated and specified in the Registration Form(s) that I have submitted to Archimedean Schools or for one time charge for the item(s) described below.

- I understand that my credit card for monthly payments will be processed approximately between the 1st and 10th of each month.
- I understand that a sufficient balance and/or credit line must be maintained in my account to fulfill my monthly obligation.
- I understand that insufficient funds and/or denial of payment to Archimedean Schools will result in a \$25 service charge for each case of insufficient funds and/or denial of payment to Archimedean Schools, which will be deducted from my credit card.
- I understand that this authorization will remain in full force and effect until I notify Archimedean Schools in writing that I wish to revoke this authorization.
- I understand that Archimedean Schools requires 30 days prior notice in order to cancel this authorization.
- I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card Company, as long as the transactions correspond to the terms indicated in this authorization form.
- I understand that payments to Archimedean Schools are applied to the oldest charges of the selected registration(s) first.

OPTION1: RECURRING PAYMENTS

Please charge my Credit Card in the amount stated and specified in the registration form(s) submitted to Archimedean Schools

for School Year 20____ - 20____ as Follows:

WEEKLY

Summer Camp ONLY

BI-WEEKLY

Summer Camp ONLY

MONTHLY

All Other Payments

ACC

LUNCH

PRE-K

ATHLETICS

You may select multiple registrations

OPTION 2: ONE TIME PAYMENT

One time charge for the items described here below.

Amount \$ _____

Fill amount only for one time charge

Item description

Describe the purpose of this on time payment

PLEASE SUBMIT ONE SIGNED CREDIT CARD AUTHORIZATION PER STUDENT VIA EMAIL TO: CASHIER@ARCHIMEDEAN.ORG

Type of Card VISA MASTERCARD AMEX DISCOVER

Name on Card _____

Credit Card # _____

Expiration Date ____/____/____ Billing Zip Code _____ CVV# _____
MM YY

Phone Number _____

Credit Card Holder Signature _____ Date ____/____/____
MM DD YYYY