

Dear Parents,

Our 5th-grade students will have the opportunity to visit the Everglades National Park on **Tuesday, March 25th, or Wednesday, March 26th**. Your child will either go on **Tuesday, March 25th (5A & 5B with some of 5D), or Wednesday, March 26th (5C & 5E with most of 5D)**, as we must go on separate days due to a restriction on how many visitors can attend the Everglades field trip at a time. *The groups have already been assigned and the field trip form you will be receiving today will have the date that your child will be attending this field trip.*

This field trip promises to be an engaging and educational experience for all participants. It is highly recommended that each student attend as they will engage directly with Florida's unique ecosystem and help support our STEM program.

FIELD TRIP INFORMATION:

- **Cost: \$20.85 Due by 3/21/25**
Payment for the field trip must be made via **Credit Card**:
 - Over the phone with Mrs. Baron by calling 305-279-6572 Ext. 509
 - By email, cashier@archimedean.org using the form attached
- **ID Requirement:**
Students **must** wear their school ID. If your child needs a replacement, it must be purchased from the front office before 3/19/25
- **NO Bookbags:**
Students **SHOULD NOT** bring their bookbags to school. **NO bags** are permitted on the field trip.
- **Arrival Time:**
Students must arrive promptly to school by **7:50 AM**.
- **Dress Code:**
 - Students must wear their 5th-grade class t-shirt (**gray with castle**).
 - Long pants or leggings are required--**NO shorts allowed**.
 - Closed-toe shoes must be worn (**NO Crocs or sandals**).
- **Lunch (15 Minutes only):**
 - Students must bring **lunch from home in a disposable bag** (Ziplock or paper bag) with their **name written on it**.
 - **NO food containers** like Thermos or Tupperware.
 - Please confirm if your child receives school lunch so they will be provided with one.
- **Labeled Water Bottle:**
Please send your child with a water bottle to stay hydrated.

Thank you for your cooperation in ensuring a successful trip. If you have any questions, feel free to reach out.

Ms. Yanessa Leiva
5th Grade Science
yanessa.leiva@archimedean.org



☒ AA ☐ AMC ☐ AUC ☐ PRE-K ☐ ACC ☐ LUNCH

Required

CREDIT CARD PAYMENT AUTHORIZATION FORM

Student Name _____ Grade _____

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 ☐ BI-WEEKLY ☐ MONTHLY
Summer Camp ONLY Summer Camp ONLY 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 \$ \$20.85
Fill amount only for one time charge

Item description

5th Grade Everglades Field Trip

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 YYYY

Phone Number _____

Credit Card Holder Signature _____

Date ____/____/____
MM DD YYYY



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 03/10/2025

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

SECTION II. NOTIFICATION TO PARENT

Archimedean Academy is planning a field trip for AA 5th grade to Everglades Coe Visitor Center 40001
School Group Sponsor Name Name of School Group Destination
State Hwy 9336, Homestead, FL 33034

The purpose of the trip is to provide experiential, curriculum-based environmental education that connects students to nature and promotes stewardship of the Everglades ecosystem and its biodiversity.

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

This trip will be chaperoned by 5th grade teachers and Homeroom parents Cost to each student \$ \$20.85
(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 Tuesday, March 25, 2025 TO Tuesday, March 25, 2025

--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 5TH GRADE EVERGLADES FIELD TRIP
(Destination)

DATE(S) OF TRIP : (Include departure/return time) FROM Tuesday, March 25, 2025 TO Tuesday, March 25, 2025

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 _____



FORMULARIO DE AUTORIZACION PARA PADRES - EXCURSIONES

Las excursiones no son obligatorias. Las mismas son planificadas a fin de realzar el programa de estudios, alentar la participación de los estudiantes en actividades extracurriculares y servir como proyectos de servicios a la comunidad.

SECCION I. DATOS DE IDENTIFICACION

ESCUELA Archimedean Academy FECHA 3/10/25

NOMBRE DEL (DE LA) ESTUDIANTE _____ NO. DE IDENTIFICACION _____ GRADO _____

SECCION II. NOTIFICACION A LOS PADRES

ARCHIMEDEAN ACADEMY planea una excursión con 5TH GRADE AA Everglades Coe Visitor Center 40001
Nombre del(de la) patrocinador(a) (Nombre del Grupo) (Destino)
State Hwy 9336, Homestead, FL 33034

El propósito de la excursión es to provide experiential, curriculum-based environmental education that connects students to nature and promotes stewardship of the Everglades ecosystem and its biodiversity.

TRANSPORTE: Vehículo Privado _____ ómnibus X Aerolínea _____ Otro _____
(Nombre de la compañía) (Por favor, especifique)

Esta excursión será supervisada por 5th Grade Teachers & Homeroom Parents Costo por estudiante \$ \$20.85
(Numero de Chaperones)

Entiendo que si deseo que mi hijo(a) participe y no puedo pagar el costo de esta excursión, cuando sea posible, a mi hijo(a) se le dará la oportunidad de recaudar fondos mediante actividades de recolección de fondos o se le asistirá en la identificación de otras fuentes de recursos financieros (Esta medida no se aplica a las actividades que no se relacionen directamente con la instrucción que se realiza en las aulas, como por ejemplo, la noche de los graduados o "Grad Bash", los juegos de fútbol y los banquetes, etc.)

FECHA: (Incluir hora de salida y llegada) DE Tuesday, March 25, 2025 A Tuesday, March 25, 2025

-- El horario o el personal pueden ser cambiados por circunstancias imprevistas --

PARA QUE SE MANTEGA INFORMADO(A) POR FAVOR CONSERVE LA PORCION SUPERIOR

POR FAVOR DEVUELVA LA PORCION INFERIOR A LA ESCUELA

SECCION III. AUTORIZACION DE PADRES/TUTORES PARA QUE EL (LA) ESTUDIANTE PARTICIPE EN LA EXCURSION

Le doy la autorización para que mi hijo(a) _____ No. de Identificación _____
Nombre del (de la) niño(a)

participe en la excursión a 5TH GRADE EVERGLAES FIELD TRIP _____
Destino

FECHA: (Incluir hora de salida y llegada) DE Tuesday, March 25, 2025 A Tuesday, March 25, 2025

He llenado los datos SOBRE A QUIEN LLAMAR EN CASO DE EMERGENCIA de la Sección IV (a continuación).

FIRMA DEL PADRE/DE LA MADRE O TUTOR(A) _____ FECHA _____

SECCION IV. DATOS SOBRE A QUIEN LLAMAR EN CASO DE EMERGENCIA

1. Nombre del padre/de la madre o tutor(a) _____
2. No. de teléfono del padre/de la madre o tutor(a) Casa _____ Empleo _____ Celular _____
3. Si los padres o tutor(a) no pueden ser localizados, por favor comuníquense con _____ Relación _____ No. de teléfono _____
4. Póliza(s) de seguro que cubren a su hijo(a) _____ No. de Póliza(s) _____
5. Nombre del médico _____ No. de teléfono _____
5. Llene lo siguiente solamente si aplica a su hijo(a):
 - a. Mi hijo(a) tiene el siguiente problema médico: _____
 - b. Mi hijo(a) toma las siguientes medicinas con regularidad: _____
(El correspondiente formulario medico 2702 está archivado en la escuela)
 - c. Mi hijo(a) tiene las siguientes alergias: _____

AUTORIZO A QUE SE DE TRATAMIENTO MEDICO A MI HIJO(A) EN CASO DE ACCIDENTE O ENFERMEDAD MIENTRA SE ENCUENTRE EN ESTE VIAJE

FIRMA DEL PADRE/DE LA MADRE O TUTOR(A) _____ FECHA _____