

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

Required

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.

OPTION 1: 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 \$ 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