2nd Grade Animal Kingdom Field Trip

Dear 2nd Grade Families,

We are happy to inform you that we will be going on a field trip to Disney's Animal Kingdom on Friday, February 6th, 2026. It will be a fun, educational trip, and we hope your child can come!

The final cost of the trip is $225.00 per person. If you have an annual pass- email me. This includes transportation on motor coach bus to and from the park, and the park ticket. Meals are **NOT** included. Tickets must be purchased 60 days in advance, therefore, **FULL** payment is due by November 28th.

We have broken up the payment into three smaller amounts.
Payment 1- $150 DUE 9/30/25
Payment 2- $150 DUE 10/30/25
FINAL Payment 3- $150 DUE 11/28/25

Date: Friday, February 6th, 2025
Meeting Place: 4:45 AM at Archimedean Academy
Departure from School: 5:00 AM
Arrival at Animal Kingdom: 9:30 AM
Meals: Purchased on your Own
Return Time: 6:30 PM Meet at Exit/ 7:00 PM Board Busses
Arrive at School: 11:30 PM

Please send in the attached payment form as soon as possible, and no later than Friday, November 28th, 2025 to **maria.baron@archimedean.org**.

Please fill out and return the field trip form to your child's homeroom teacher.

Thank you,
Second Grade Team

2nd Grade Animal Kingdom Field Trip

COMMITMENT FORM

_____ MY CHILD WILL BE PARTICIPATING IN THE FIELD TRIP WITH A CHAPERONE

_____ MY CHILD WILL BE MEETING THE GROUP AT THE PARK (MY FAMILY WILL BE TRAVELING INDEPENDENTLY FROM THE SCHOOL AND BUYING OUR OWN TICKETS)

_____ MY CHILD WILL NOT BE ATTENDING THE TRIP, AND WILL NOT BE ATTENDING SCHOOL ON THE TRIP DATE.

_____ MY CHILD WILL BE ATTENDING SCHOOL.

STUDENT NAME: _____

CHAPERONE NAME: _____

CHAPERONE PHONE NUMBER: _____

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

Required

CREDIT CARD PAYMENT AUTHORIZATION FORM

Student Name _____ **Grade** 2

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

Full Payment _____ Annual Pass _____

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 ___ _____ *MM YYYY* **Billing Zip Code** _____ **CVV#** _____

Phone Number _____

Credit Card Holder Signature _____ **Date** ___ ___ _____ *MM DD YYYY*

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 9/22/25

STUDENT'S NAME _____ I.D. NO. _____ GRADE/HR 2

SECTION II. NOTIFICATION TO PARENT

2nd Grade (School Group Sponsor Name) is planning a field trip for 2nd Grade Students (Name of School Group) to Disney's Animal Kingdom (Destination)

The purpose of the trip is Enhance the study of life sciences in the science class.

TRANSPORTATION: Private Vehicle _____ Bus ✔ Airline _____ (Name of Carrier) Other _____ (Please Specify)

This trip will be chaperoned by _____ (Total Number of Chaperones) Cost to each student $ 225

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 2/6/25 TO 2/6/25

--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 _____ (Child's Name) Student I.D. No. _____

to participate in the field trip to Disney's Animal Kingdom (Destination)

DATE(S) OF TRIP :(Include departure/return time) FROM 2/6/25 TO 2/6/25

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. _____
6. 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 _____