St. Ann School
324 N. Harrison St.
Stoughton, WI 53589
stanns@stanns-school.org
(608) 873-3343

Dear Parents,

Your child is eligible to participate in an activity sponsored by St. Ann School. This activity will take place under the supervision and guidance of employees and chaperones from St. Ann's. A brief description of the activity is as follows:

NAME OF EVENT: **Volunteer Activity at The Playing Field for Grade 8**

DESTINATION: **The Playing Field, ages 0-5 Daycare Facility (www.playingfieldmadison.org)**
3910 Mineral Point Road, Madison, WI 53705

DESIGNATED SUPERVISOR OF ACTIVITY: **Mrs. Tonya Talbert**

DATES:
Monday, October 22, 2018
Thursday, November 29, 2018
Thursday, December 20, 2018
Thursday, April 25, 2019
Thursday, May 23, 2019

TIME OF DEPARTURE: **8:30 a.m.** **TIME OF RETURN:** **11:00 a.m.**

METHOD OF TRANSPORTATION: **Volunteer Drivers (need to have room for 15 students)**

COST: **None, although families are welcome to donate gift cards or cash to the Playing Field emergency fund.**

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As a parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student/s.

I HEREBY REQUEST THAT MY CHILD _____ PARTICIPATES IN THE

EVENT TO _____ ON _____
I UNDERSTAND THAT THIS EVENT WILL TAKE PLACE AWAY FROM SCHOOL GROUNDS AND THAT MY CHILD WILL BE UNDER THE SUPERVISION OF FACULTY AND PARENT VOLUNTEERS ON THE STATED DATE, I CONSENT TO THE CONDITIONS STATED ABOVE FOR PARTICIPATION IN THIS EVENT, INCLUDING THE METHOD OF TRANSPORTATION.

_____
(Print Parent/Guardian Name) (Date)

_____
(Parent's/Guardian's Signature)

Phone number where I can be reached on this date and time in case of emergency: _____

If your Medical Insurance has changed since August, please write in new information below:

_____ I am available to **chaperone & drive on** _____**(date/s).**

_____ Number of students I can transport with seatbelts.
(To chaperone you must have completed the Safe Environment Session.)

Name _____ Phone _____

Please return form by Thursday, October 4, 2018.