



Dear Students and Parents:

We are extremely excited to present plans for a special learning opportunity being arranged for our students later this school year. On Sunday, May 6, 2018, we will board luxury chartered motorcoaches for an exciting trip full of learning (and some fun)! This travel experience is being designed by Daniel's Educational Tours, a division of Daniel's Charters & Tours, LLC.

During our DC adventure, students will participate in the following curriculum based learning activities:

- A guided tour of DC including the Monuments and Memorials
- Lafayette Park to view the White House
- A guided tour of the U.S. Capitol
- Arlington Cemetery
- Time to visit and explore the Smithsonian Museums, National Archives, etc.
- And lots more!

As you can see, we have got a lot of learning packed into our DC adventure!

The trip includes transportation aboard luxury chartered motorcoaches, hotel rooms (4 per room), all meals (4-breakfast, 5-lunches, 4-dinners), security guards to watch over our rooms each night, local expert guides, tips, entry fees and trip escorts.

To register your child for this experience, please complete the application form and behavior letter included with this letter and send it with your deposit or full payment to Belinda Nichols according to the following payment schedule:

September 1st: \$250*

October 30th: \$250

January 31st: \$225

All checks should be made payable to Jefferson Academy, with a phone number, driver's license number, student name, and teacher name on the check. Deposits for students, adults and background fee can all be paid online from our Jefferson Academy home page (<http://ja.jeffcityschools.org>).

***1st pymt of \$250 due Sept 1st. Payment only accepted if the Daniels Charters form is completed as well. 1st payment for chaperone will only be accepted with a completed notarized and paid background check form and chaperone payment.**

We hope you are as excited as we are about this outstanding educational opportunity for your child. If you have any questions, please email Belinda Nichols, trip coordinator, at bnichols@jeffcityschools.org.

As always, thanks for your support!

Your Jefferson Academy Staff



2018 DC Adventure Application Form

To register your child for our trip, send your **completed application along with the full payment or deposit** to Belinda Robson, trip coordinator, according to the attached payment schedule.

Student Name _____ SSN (optional) _____

Date of Birth _____ Phone _____

Parent Name(s) _____

Business/Emergency Number(s) _____

Address: _____

PLEASE READ AND SIGN IN THE TWO (2) APPROPRIATE PLACES

I give permission for my child to participate in the Jefferson Academy's Georgia Adventure on May 6 - 10, 2018. I understand that once I commit to this activity there are no refunds. I understand that a **deposit of \$250 and completed application** is due no later than September 1st, 2017. I also understand that my child may not be allowed to participate if his/her behavior is such that it could endanger himself/herself or others. In addition, a student's participation in this learning opportunity may end if his/her behavior distracts significantly from the learning environment of others. I also understand that Jefferson Academy and Daniel's Educational Tours, a division of Daniel's Charters & Tours, LLC act as agents in this activity and shall not be liable for any injury, damage, loss, delay, or any other irregularities that occur as the fault of service providers (museums, hotels, restaurants, etc.) on this trip.

Signature of Parent/Guardian _____ Date _____

Medical Information- Please provide all information and sign where required.

Health Insurance Company _____ Policy Number _____

Group Number _____ Provider Phone _____

I agree to pay for any and all treatment not covered by my insurance program should the need arise.

Signature of Parent/Guardian _____

Date _____

My child is a vegetarian/has food allergies and needs special meal, please explain: *(Special arrangements will be made whenever possible to accommodate special dietary needs, if not possible school will be notified prior to the trip. If this section is not completed and there are special needs, parent/school will be expected to accommodate student's needs)* _____

Does your child have special medical or dietary needs? (medication, allergies, dietary restrictions, etc.) Please use the space on back of this sheet if necessary to explain in detail



Congratulations! If you are signing this form you have been selected to participate in your child's overnight fieldtrip with his/her class! In order to make this trip the best ever for your student, there are some items we need to make you aware of before we depart.

Please initial each item to show that you have read the information and are aware of expectations:

_____ Parents/chaperones pay the same amount as students unless there is an additional charge at any of the venues on the itinerary. If so, there will be an upcharge equal to the amount being charged by said venue(s).

_____ Housing for parents/chaperones is based on quad occupancy. Additional upgrades for triple, double, or single occupancy can be arranged based on hotel pricing and availability.

_____ All teachers/chaperones/group leaders are expected to stay with the group at all times (for example: students/participants are on hotel property, teachers/chaperones/group leaders must remain on hotel property.)

_____ On occasion, the hotels we book for overnight trips have restaurants and/or bars on property or sell alcoholic beverages at the hotel snack bar. At no time while you are a registered participant (teacher or chaperone) of a Daniel's Educational Tours trip supervising the wellbeing of students will you partake of alcoholic beverages. If at any time this happens, person(s) involved will be ask to immediately leave the group and not be allowed to participate in any other group activities or stay in blocked rooms with the group. **NO REFUND** will be issued under these circumstances and person(s) will be responsible for the cost of transportation home from location.

_____ We also ask that you treat this trip as you would an event on school property and refrain from the use of tobacco products.

_____ No one should order any outside food without permission from the school personnel on the trip that is responsible for the group.

Parent/Chaperone Name: _____

Student Participant Name: _____

School Name/Trip: _____

By signing below, I acknowledge that I have read and understand the above stipulations that allow me to participate in the above overnight fieldtrip.

Signature of Chaperone: _____

Date: _____