

Cape Cod Trip 2018

“A Sense of Wonder”

Rachel Carson House

Essential Questions: What is environment? What is our relationship to it?



Frequently Asked Questions

1. When is the Cape Cod trip?

This year the dates of our trip are May 23-25, 2018. This is the Wednesday through Friday before Memorial Day weekend. We leave school around 7:45am on Wednesday morning and return to WMS at 4:00pm on Friday.

2. How do we travel?

We will travel in motorcoach buses owned and operated by the Silver Fox Bus Company.

3. Where do we stay?

We stay at Cape Cod Sea Camps in Brewster, MA. This is a summer camp facility with cabins, shower houses, dining hall, beach access, and open spaces for recreation.

4. Does my child get to pick his or her own group?

For their cabins, students will have the opportunity to select 5 students whom they would like to have as cabin-mates. Students are guaranteed one of their choices. There will also be times when the entire grade will be together and the students may be with whomever they choose.

The travel groups are assigned. During the day students will travel in their TAG (Teacher Advisory Group). There may be an exception to this given the structure of the TAG groups and the number of buses. We will contact parents if their child does not travel with his or her TAG group.

5. What about supervision?

During the day, there will be 3-4 Wayland staff members on each bus. In the cabin, there will be 1-2 cabin leaders depending on the size of the cabin. During our evening, activities all 7th grade staff members will be there to supervise.

6. Do the school rules still apply?

The normal school rules will apply on the trip. Students and parents should review the behavior guidelines sheet, which is part of this packet.

7. My child has dietary restrictions. Can you accommodate special diet requests?

Yes. The kitchen staff at Cape Cod Sea Camps is used to such requests and is very accommodating. Please contact your child's cluster leader with specific information and we will do our best to meet your request.

*** Keep this Page* Important Information**

Trip Dates:	May 23-25 2018
Cost of Trip:	<p>\$320</p> <p>Payment for the trip is scheduled in two installments. Checks should be made payable to WAYLAND MIDDLE SCHOOL. (If you prefer, you may pay for the entire trip in one payment)</p>
Payment Dates:	<p>Friday March 9th - \$160.00</p> <p>Friday April 13th - \$160.00</p>
Financial Info:	<p>Financial concerns should not be a reason for not participating. Financial assistance is available. Our goal is for all students to participate.</p> <p>If you would like to contribute toward a partial or full financial assistance for another student, please indicate the contribution on your check. (Full financial assistance = \$320)</p>
Whom to Contact:	<p>If you have any questions or concerns about payment, please contact Mr. Lehr, Ms. Reed, or Ms. Chisholm.</p> <p>Our e-mail addresses are:</p> <p>michael_lehr@wayland.k12.ma.us</p> <p>stacey_reed@wayland.k12.ma.us</p> <p>susan_chisholm@wayland.k12.ma.us</p> <p>Or if you prefer, the school phone number is: (508) 655-6670</p>

PERMISSION SLIP (Must be completed and returned)

RACHEL CARSON HOUSE - CAPE COD TRIP

We, the parents (guardians) of _____,

(name of student - please print)

a student at Wayland Middle School, give our child permission to participate in the **Cape Cod Trip** that you are organizing for the benefit, education, and enjoyment of students in the Wayland Public schools from May 23-25, 2018.

We realize that our child's participation in this program may involve some risk of personal injury to our child and damage to our property; therefore, we, on behalf of our child and ourselves, hereby release the Town of Wayland, members of its School Committee, its employees, agents, and contractors from any loss to us that results from our child's participation in this program.

We hereby grant the Town of Wayland, its employees, and agents full authority to take whatever actions they may consider to be warranted under the circumstances regarding the health and safety of our child, and we authorize them to obtain the necessary medical services and treatment for our child, without further consent and at our expense, from a hospital or a medical doctor.

We understand that this is a supervised school program and that group standards of conduct must be observed. We will instruct our child to comply at all times with the Wayland School Committees rules, standards, and instructions for student behavior. We agree that the school personnel shall have the right to enforce appropriate standards of conduct and that they may, at any time, terminate our child's participation in this program for failure to behave according to these standards. If our child's participation is terminated, we consent to his or her being sent home at our expense.

Our signatures below indicate that we have read and freely signed this agreement.

→ IMPORTANT ← READ ENTIRE AGREEMENT BEFORE SIGNING

(Signature of parent/guardian)

(Date)

(Signature of parent/guardian)

(Date)

Return by FRIDAY, February 16th, 2018 (in a sealed envelope) to your student's homeroom teacher.

Optional Financial Assistance Request Form

CONFIDENTIAL

Dear Parent or Guardian,

We are committed to the goal that all students take part in the Cape Cod experience. No student should remain home because of cost. Through our fundraising endeavor, the Calendar Drive, we have raised monies to help those families for whom the experience may be a financial burden.

If you are in need of financial assistance, please fill out this form and indicate your level of need. Families who qualify for free or reduced lunch are entitled to full payment for the Cape Cod experience. We understand that not all financial hardships result in qualifying for free or reduced lunch; therefore we are offering partial assistance to those families who are in need.

Sincerely,

The Seventh Grade Cluster Leaders

Student Name: _____

Parent Name: _____

Please check the appropriate line based on your need,

_____ 100% financial assistance (WMS provides \$320)
(My student qualifies for free or reduced lunch.)

_____ 50% financial assistance (WMS provides \$160.00)

_____ 25% financial assistance (WMS provides \$80.00)

_____ Other (please indicate (_____))

A House Leader will follow up with a phone call. Please list your preferred number and the best time to reach you.

Phone Number

Best time to reach you

Return by FRIDAY, February 16th, 2018 to your child's homeroom teacher