

**McGLYNN MIDDLE SCHOOL**

**3004 Mystic Valley Parkway**

**Medford, MA 02155**

**Tel. 781/393-2333**

**Fax: 781/393-5462**

*Mr. Jake Edwards  
Sr. Principal*

*Ronald Scala  
Assistant Principal*

“Effort and Excellence...Expecting and getting success for all students...”

**Grade 8 New York City Trip**

**June 8,9,10, 2012**

**Friday, Saturday, Sunday**



# PLEASE READ, SIGN AND RETURN ALL DOCUMENTS THAT REQUIRE A SIGNATURE.

October 3, 2011

## Grade eight trip to New York City, June 8,9,10 2011 Friday, Saturday, Sunday

New York City is probably the most famous city in the world next to London and Paris. This wonderful place saw the birth of finance, history, music, dance, many rock stars and people who had a flare for the arts. Famous buildings are located throughout the city limits- The Empire State Building, Top of the Rock, Central Park and the Central Park Zoo, The Statue of Liberty, the Metropolitan Art museum, Saint Patrick's Cathedral, Times, Square, Broadway (home to many Tony award winning shows) and the Natural History Museum.

This is an opportunity for you to join your classmates in a great trip with educational benefits and tons of fun! Don't miss out on this great Middle School experience that you will always remember.

Dear parents and guardians,

We are really excited about our upcoming trip to New York City. Ms. Corleto and has been working with the tour company and has developed an envious trip (itinerary attached). At this time, I would like to address some details about the trip. **REMEMBER THERE ARE A LIMITED NUMBER OF SEATS.**

1. Cost: The final cost will be \$475.00 . The slight increase is due to the addition of an additional security guard at the hotel (security guards are on duty throughout the night on our wing of the hotel to ensure safety and allow chaperones a few hours of sleep), and broadway musical "MEMPHIS" tickets, and a dinner allowance for the ride home (since most kids have spent their money). Therefore, the only two meals students must purchase are lunch on Saturday and Sunday. (Payments must be complete by MARCH 1, 2012)

2. Food: Besides food mentioned above, students will have plenty of opportunities to buy snacks, cold drinks etc. at most locations. However, the breakfast buffets and dinners are very ample, and we will really try to talk kids out of purchasing too much food during the day. Students can bring breakfast items on the bus trip to NYC and need to bring a lunch for Friday. They may bring snacks for their room, but these should be limited. If each person brought one item, it will be more than enough since we shall only be in rooms after dinner. **IF YOUR CHILD HAS A FOOD ALLERGY, MAKE SURE YOU NOTE IT ON THE MEDICAL FORM.**

3. Spending money is up to individual...breakfasts and dinners are paid. All admissions, fares, room charges, taxes, gratuities are included. \$30-40/ day is usually enough.

4. Phone calls: There will be a 24 hour emergency number provided as well as the number at the hotel for emergencies. **WE ASSURE YOU THAT YOU WILL BE CONTACTED IMMEDIATELY IF THERE IS ANY ISSUE AT ALL. PLEASE DO NOT CALL YOUR CHILD DURING THE DAY ON THEIR CELL PHONES. WE ARE ON A VERY TIGHT SCHEDULE AND THIS COULD BE DISTRACTING AND UNSAFE , ESPECIALLY WHILE CROSSING STREETS. CHECK ITINERARY FOR TIMES WE ARE AT THE HOTEL.**

5. Contacts: All contact info, security, hotel, direct emergency line are on itinerary.

6. Behavior: This is a wonderful group, and we anticipate no problems. However, to ensure the former, both you and your child will be required to sign the enclosed Academic/ Behavior Agreement.

7. HEALTH FORMS:\*\*\*\*\*

Attached are two Health forms. The “Health Information and Permission form” must be completed for each student. **PLEASE ANSWER EVERY QUESTION.** The second page is a medication form which must be completed if student is to take any medication, prescription or over the counter.

8. MEDICATION: **There will be no exceptions to the following:**

- a. Any medication must be in its original box or prescription bottle.
- b. Over the counter medications must be in purchase container and in a baggie with students name, directions, and dosage taped to cover in some format.
- c. Prescription medications must be pharmacy container that displays child’s name, dosage, doctor’s name, and medication name.
- d. Medications will be distributed as is indicated.
- e. If you or your child wishes to have the medication taken privately, please indicate. However, please ascertain your child knows an adult will witness consumption of all distributed medications.

\*Some students may need to include a medication for travel sickness.

Thank you for your participation in this important learning and social opportunity as your child complete

### **HOW DO I SIGN UP??????**

You may sign up by completing the REGISTRATION FORM and returning with cash or a check for **\$100.00** by **November 4,2011**. You may pay as much as you want but must make this deposit and another **\$100.00** payment by **December 3,2011**. A payment schedule will then follow.

### **HOW MUCH WILL IT COST????**

We have worked hard to make the trip affordable for all. The total cost is \$475.00, which includes transportation (luxury coach bus), hotel, (rooms of four, less occupants pay higher rate), breakfasts and dinner, Broadway show, and all admissions and fees in New York. You need to pay for your lunch, snacks and souvenirs if you choose to buy them. We have arranged a monthly payment plan making it easy to pay.

### **DO I NEED TO BRING A PARENT????** **Sorry, no parents on this**

**trip.** We shall have teachers from our school and shall be joined by tour guides on our bus, more tour guides when we arrive in NY, and security people in our hotel. When everyone has decided who is going, you can put together your own roommates or we'll help you.

The students remain with their group and adult chaperone throughout the trip.

**Parents can email Mr. Edwards or Ms. Corleto with questions.**

# McGlynn Middle School

**REGISTRATION FORM /PERMISSION FORM  
SIGN & RETURN by \_\_\_\_\_  
GRADE 8 NEW YORK CITY TRIP**

**Student Name:** \_\_\_\_\_ **Homerom:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name of Legal Guardians:** \_\_\_\_\_

**I give permission for my son/daughter to attend the NYC Trip from June 8,9,10, 2012 with the McGlynn Middle School. I understand that appropriate behavior is expected and less than the former may result in the early ending of my child's trip. I further agree to supply the necessary emergency and medical information when forms are supplied by the school.**

\_\_\_\_\_  
**Parent/Guardian Signature** **Date**

1. Students will be supplied with information for trip cancellation insurance through the travel agent in the event of an unforeseen emergency.
2. **Students who withdraw from the trip do not receive any money back and are responsible for full payment. The School needs to pay the tour operator up front to ensure admissions to all the areas and secure hotel and bus reservations.**

**MUST BE SIGNED AND RETURNED**

**McGLYNN MIDDLE SCHOOL**  
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Tel. 781/393-2333  
Fax: 781/393-5462

*Jake Edwards*  
*Sr. Principal*

*Ronald Scala*  
*Assistant Principal*

# **New York City**

Dear parents and guardians,

Please find below the form for the down payment for the June 8,9,10, 2012 New York City trip. Please fill out and detach and return with \$100.00 by NOVEMBER 4, 2011. Another payment of \$100.00 is due by DECEMBER 3, 2011. A payment schedule will follow.

Thank You  
Ms. Corleto

McGlynn Middle school  
781-393-2333

\*\*\*\*\*

Please detach and return with deposit of \$100.00 by **NOVEMBER 3, 2011**

Student's Name: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Enclosed please find cash, or money order for the amount of \$100.00 made out to McGlynn Middle School.

**Please put in an envelope and bring to Ms. Corleto along with this form by NOVEMBER 3, 2011**

**MUST BE SIGNED AND RETURNED WITH \$100.00 Deposit**

Signed \_\_\_\_\_

**MUST BE FILLED OUT AND RETURNED**

**BEHAVIOR/ACADEMIC GRADES CONTRACT  
GR. 8 TRIP TO NEW YORK CITY  
MCGLYNN MIDDLE SCHOOL**

Please read the following very carefully. Once you sign this form and return with a deposit, it becomes a legally binding contract. If your child withdraws or is removed from the trip , you will still be responsible for paying the balance and will not receive back any money already paid.

**BEHAVIOR**

**Students must maintain appropriate behavior and good citizenship in school in order to participate in the NY City Trip. If a child is consistently rude and disruptive in class and does not follow directions, they may be removed from the trip at any time. Major school violations will be grounds for immediate removal from the trip. Please review the Student Handbook located in the student agenda book or on our website.**

**ACADEMIC**

Students must maintain appropriate academic standards in order to participate and attend the NY City Trip. These standards must meet promotion standards ---students must be passing ELA, Math, Science and Social Studies.

If a child is removed from the trip for any reason, there will be no refund and you are responsible for paying the balance due. Hotels and Admission fares are paid early on and are not refundable to the school.

**I \_\_\_\_\_ (your name) the parent/guardian  
Of \_\_\_\_\_ (student's name) have read and understand  
all the conditions outlined above.**

**I further understand that by signing this form and returning it with a \$100.00 deposit**

**I am committing my child to the 2012 McGlynn Middle School, Trip to NYC.**

**I am responsible for payment in full if my child withdraws from the trip.**

**I am responsible for payment in full if my child is removed from the trip for academic and/or behavioral concerns**

**There will be NO reimbursement for payments made.**

**I hereby state that I have read the above statement and agree to the terms. I have enclosed a \$100.00 deposit to reserve enrollment for my child on the 2012 Grade 8, New York City Trip.**

**Signed Parent/Guardian \_\_\_\_\_**

**Date \_\_\_\_\_**

**Mr. Jake Edwards, Principal**

**HEALTH INFORMATION & PERMISSION FORM**

Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

**School Program\_ NYC TRIP Attendance Date: JUNE 8,9,10, 2012**

Parent's Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Street Address \_\_\_\_\_ Bus. Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

**HEALTH INFORMATION:** To make your child's stay as pleasant as possible, we would appreciate information regarding his/her health and any medical problems he/she may have. Please complete in full.

1. Any food, drug, or other allergies (insect bites, pollen)?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what? \_\_\_\_\_

Type of reaction \_\_\_\_\_

2. Any existing medical condition (chronic or recurring illness?) \_\_\_\_\_

3. Is there any factor that makes it advisable for your child to follow a limited program of physical activity, i.e., heart condition, recent fracture, surgery, asthma or extreme fears?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

4. Any special dietary needs? \_\_\_\_\_ If yes, please call \_\_\_\_\_ to discuss special dietary needs.

5. In order to protect your child from possible embarrassment, we would like to know:  
Does he/she wet the bed at night? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does he/she walk in his/her sleep? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. Date of last Tetanus Shot: \_\_\_\_\_

7. Has your child been exposed to any communicable disease within the past 21 days:  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what? \_\_\_\_\_

8. Is your child bringing any medication or pills of any sort (including over the counter medications)?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

**If yes, the enclosed medication form must be fully completed, signed and returned.**

**Please read, and fill out and sign and return.**

**MEDICAL CONSENT: Please give your consent to medical care by signing in the space(s) provided below.**

I consent to and authorize emergency and non-emergency medical care to be provided to my child in the event of a health problem, emergency or injury occurring during my child's attendance. I give my consent and authorization to the chaperones of his/her designee to use his/her judgment in seeking medical care for my child. I understand that the attempt will be made to contact me in the event that medical care is needed.

**Date:** \_\_\_\_\_ **Signature of Parent/Guardian:** \_\_\_\_\_

**OPTIONAL: If you wish, for religious or other reasons, you may indicate your refusal to consent to certain medical care (e.g., blood transfusions) as follows:**

**Notwithstanding the above, I do not consent to the following diagnostic tests or medical treatment for my child: Specify** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**PLEASE BE SURE THAT YOU HAVE READ THROUGH THE CONSENT FORM COMPLETELY AND CAREFULLY, AND HAVE SIGNED YOUR SIGNATURE IN THE APPROPRIATE SPACES.**

**THE HEALTH INFORMATION AND PERMISSION FORM IS REQUIRED BY EVERY STUDENT WHO IS PARTICIPATING IN THIS TRIP.**

**In case of an Emergency, please contact:**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

**MEDICATION FORM-IF NEEDED, FILL OUT AND RETURN**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Medication Name: \_\_\_\_\_

Reason for giving: \_\_\_\_\_

Complete directions for giving medication: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Reason for giving: \_\_\_\_\_

Complete directions for giving medication: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Complete directions for giving medication: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Complete directions for giving medication: \_\_\_\_\_

**The above information and directions for administration of all medication is complete and correct.**

**Parent/Guardian Signature: \_\_\_\_\_ DATE: \_\_\_\_\_**

Thank you for your attention to these details. If you have any questions or medical concerns that you would like to discuss, please feel free to call Mr. Edwards at 781/393-2333

**STUDENT TOURS**  
**60 WEST AVENUE**  
**VINEYARD HAVEN, MA. 02568**  
**508-693-5078 800-331-7093**  
**508-693-8627 fax**

**CROWN PLAZA MEADOWLANDS**  
**2 HARMON PLAZA**  
**SECAUCUS, NJ**  
**201-348-6900**  
[studenttours@vineyard.net](mailto:studenttours@vineyard.net)

**DAY I - Friday, June 8, 2012**

- 5:45 am Buses arrive at McGlynn Middle School.**  
**6:00 am** Depart for New York City. Bring a morning snack and box lunch from home.  
**10:30 am** Approximate time of arrival in New York. Visit the Malcolm Shabazz Market (52 West 116<sup>th</sup> Street). Continue on to Strawberry Fields in Central Park (72<sup>nd</sup> & Central Park West). Eat your lunches from home.  
**1:30 pm** Walk to the Museum of Natural History. Use the 81<sup>st</sup> Street entrance. Pick up your tickets at the lower level of the Rose Center at the Will Call desk to the left of the staircase.  
**3:15 pm** Bus to Pier 78 (West 38th Street & 12th Avenue).  
**4:00 pm** Enjoy a NY Waterway Cruise.  
**5:30 pm** Bus to Times Square. Visit the area.  
**6:30 pm** Dinner at Bubba Gump=s (1501 Broadway between 43<sup>rd</sup> & 44<sup>th</sup>).  
**7:30 pm** Continue to visit Times Square.  
**8:30 pm** Bus to your hotel. Hotel security 11:00 pm - 5:00 am.

**DAY II - Saturday, June 9, 2012**

- 7:30 am** Breakfast at your hotel.  
**8:45 am** Bus to the Metropolitan Museum of Art. Use the 81<sup>st</sup> Street entrance.  
**10:00 am** Guided tours of the Metropolitan Museum of Art. Continue to visit the museum on your own.  
**12:00 pm** Bus to Rockefeller Center. Pick up lunch in the area - own expense.  
**2:00 pm** **Group arrival at the Shubert Theatre (225 West 44<sup>th</sup> Street).**  
**Performance of Memphis.**  
**4:45 pm** Return to Rockefeller Center.  
**5:15 pm** Visit the Top of the Rock Observatory.  
**6:30 pm** Return to Times Square.  
**7:00 pm** Dinner at Planet Hollywood. Your guides will leave you here.  
**8:30 pm** Bus to your hotel for the night. Hotel security 11:00 pm - 5:00 am.

**DAY III - Sunday, June 10, 2012**

- 7:00 am** Breakfast at your hotel. Pack your buses and check out.  
**8:00 am** Bus to Liberty State Park.  
**9:00 am** Security check - requested, pending availability. Ferry to Ellis Island. Meet your guides. Visit the island as time permits. Ferry back to Battery Park.  
**12:00 pm** Your guides will leave you here. Bus to the Bronx Zoo. Pick up lunch - own expense.  
**3:00 pm** Board your buses for return trip to McGlynn Middle School. Dinner stop along the way at own expense.  
**9:00 pm** Approximate time of arrival in Medford.

**On the day of your trip, your itinerary may have to be altered by your guides and/or drivers due to crowds, road closings and heavy traffic in New York.**