

Dear Holy Family Academy Families,

We are excited to announce that we will be hosting field trips for all grades as follows:

Pre-K and Kindergarten – Bloomsburg Children’s Museum – **May 18th**

1st Through 3rd grades - Electric City Aquarium – **June 3rd**

4th and 5th grades – Whitaker Center – **Tuesday May 5th**

6th through 8th grades – Jim Thorpe – **Tuesday, May 12th**

Student Details

- **Cost for each student is \$50.**
- Fundraising opportunities are available to assist in covering the cost of the field trip. Please see Applebee’s and Buddies’ Bagels flyers or contact the PTO.
- **All students must ride the bus to the field trip location. NO EXCEPTIONS.**
- **Students will bring their own lunches and snacks.**
- Bus schedules differ by grade level. A separate, trip-specific flyer will be distributed closer to the trip date. Students will leave the school at approximately **8:00 AM** and return around **2:00 PM**. Regular school drop-off and pick-up times will remain unchanged. Please make sure your child **arrives on time**, as the buses will depart promptly and cannot wait.
- **Students should wear Holy Family Academy spirit wear.**
- Gift shop opportunities will be provided for each field trip. If you would like your child to take advantage of this opportunity, please indicate so on the permission slip.
- **Students not attending field trips will not come to school that day.**

Safety Information

- “Assigned Chaperones” are being assigned at a 1:5 ratio (1 Assigned Chaperone will be assigned 5 students to monitor from the time they leave the school until the time they return), this includes teachers, classroom aides and classroom moms.
- In addition to the teachers, aides and classroom moms, “Floating Chaperones” will be required. Parents who frequently assist in the classroom and at school events have been asked to fill these spots. These individuals will assist Assigned Chaperones.
- Currently, we are not looking for additional chaperones. If you are a parent and have not been contacted by the PTO, you are not on our list of chaperones. If needed, additional chaperones will be selected via a lottery system. **The PTO will reach out if this becomes the case.**
- If you are asked to be a chaperone and don’t already have clearances on file with the office, you must have clearances submitted **no later than May 1st**. **If clearances are not provided by this date, we will assign another chaperone to take your place. NO EXCEPTIONS.**
- **Assigned Chaperones will be required to ride the bus with their assigned students. NO EXCEPTIONS.** Students cannot be monitored if a chaperone is in a separate vehicle.

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Other Information

We cannot stop parents from independently going to the field trip location and purchasing their own tickets for entrance. However, here are a few things we think you should know before making this decision:

- Rules are in place for the safety of our children. Breaking these rules jeopardizes the safety of everyone.
- Students will not be allowed to leave their assigned chaperone group. This means **you cannot pull them away from the group for any reason**. Students will be instructed to follow the direction of their chaperone.
- **Breaking these rules will result in disciplinary action from the school.**
- Each field trip location has requested we break the students up into smaller groups. The headcount for these groups includes students and Chaperones. **Parents attending individually will not be permitted to follow their student's group.** There may be times when groups are given an opportunity to explore independently, however, most of the time spent on the field trip has structured presentations and tour guides reserved for a limited number of people.

Field trips are a fun opportunity for our children to learn outside of the classroom, and we hope the above information is useful in addressing any questions you may have. If you still have questions or concerns, please contact April Spevak at 570-401-3257 or amaetom@gmail.com.

Please review the attached permission slip and return it to your teacher no later than April 24th , 2026.

Thank you,
Holy Family Academy PTO
hfapto@gmail.com

Field Trip Attendance

Student
Name: _____

Student
Grade: _____

Will Student Attend the Field Trip? Yes No

Please make sure you fill out this Permission slip whether your child is attending or not, so we have a proper headcount from every student. If you check no, no further information is needed. If yes, then **please return this form and the \$50 fee to your student's teacher by April 24, 2026.**

DIOCESE OF SCRANTON CATHOLIC SCHOOLS OFFICE

ADDENDUM 8

FIELD TRIP FORM

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's Name: _____ Birth Date: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

E-Mail _____ Parent Cell Number _____

I, (Parent/Guardian) _____ grant permission to my child, (Child's Name) _____ to participate in this school sponsored event that requires transportation to a location away from the school site. This activity will take place under the guidance and direction of school employees and/or volunteers from _____
(Name of School)

A brief description of the activity follows:

Type of event and purpose of trip _____

Location of event: _____ Date: _____

Individual(s) in charge: _____

Estimated time of departure: _____ Return: _____

Mode of transportation to and from event: _____

Cost (if any):\$ _____

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant.

I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend (Name of School) _____ its officers, directors and agents, and the Diocese of Scranton, and the Bishop of Scranton, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the school, its officers, directors and agents, and the Corporation of the Bishop of Scranton, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

Signature: _____ Date: _____

RETURN TO: _____ BY _____

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ADDENDUM 8 CONT.**

MEDICAL MATTERS:

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

EMERGENCY MEDICAL TREATMENT:

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you are unable to reach me at the above numbers, contact:

Name: _____

Relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy # _____

SPECIFIC MEDICAL INFORMATION: The school will take reasonable care to see that the following information will be held in confidence:

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations-Date of last tetanus/diphtheria immunization _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

You should be aware of these special medical conditions of my child: _____
