



Please return this form as soon as possible, but no later than September 12th

2018 FALL EXPERIENCE REGISTRATION FORM

GRADES 3-8

My child _____ has my permission to participate in Fall Experience on September 19th through the 21st at the Leelanau Outdoor Center (LOC). Note: Grades 3rd-5th will only spend Thursday night at LOC.

I understand that the transportation will be provided by LOC and The Pathfinder School bus.

_____ My child has dietary needs. Please specify:

_____ I/ We wish to chaperone at Fall Experience. Please specify mother, father, or both, and day (Wednesday or Thursday) you are able to chaperone.

If your child is scheduled to take medication during this event, please stop in the office **prior to departure day** to provide medication, authorization and administration information.

All fees associated with Fall Experience are covered by tuition.

All students will return to our beloved campus in time for regular pick-up at 3:00 pm on September 21st.

Signature

Date

Printed Name