



Monday November 8, 2021

## PEDAGOGICAL DAY

Date of Ped Day: Thursday November 18<sup>th</sup> 2021

Date of Ped Day: Friday November 19<sup>th</sup> 2021

Place: St. John Fisher Sr. Daycare

Place: Cinema Guzzo Sources

Activities: Pyjama Day, Netflix & Breakfast for Lunch  
(Netflix: Best Worst Weekend Ever, series marathon)

Activities: Movie (TBA)

Cost: \$10.00 daycare fee  
\$15.00 activity fee  
**\$ 25.00 Parent's Total**

Cost: \$10.00 daycare fee  
\$23.00 activity fee  
\$33.00 Total  
-\$8.00 (daycare will pay)  
**\$ 25.00 Parent's Total**

Please submit this form by Friday November 12<sup>th</sup>, 2021.

**NO FORMS WILL BE ACCEPTED AFTER THIS DATE.** If your child will not be present, please call in their absence before 8:00 a.m. Charges will apply for un-notified absences.

**You do not need to provide a lunch on Thursday November 18<sup>th</sup>. Please provide snacks only.**

**Please note** I have invited the Jr. School to join us on this outing. They will join us at the theatre.

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*Please do not cut this form. It is available on the website.*

Name of 1<sup>st</sup> child \_\_\_\_\_ Homeroom \_\_\_\_\_

I would like my child to participate in the Thursday November 18<sup>th</sup>, 2021 ped day \_\_\_\_\_

I would like my child to participate in the Friday November 19<sup>th</sup>, 2021 ped day \_\_\_\_\_

Name of 2<sup>nd</sup> child \_\_\_\_\_ Homeroom \_\_\_\_\_

I would like my child to participate in the Thursday November 18<sup>th</sup>, 2021 ped day \_\_\_\_\_

I would like my child to participate in the Friday November 19<sup>th</sup>, 2021 ped day \_\_\_\_\_

Signature of Parent \_\_\_\_\_



APPENDIX D  
Lester B. Pearson School Board  
PARENTAL PERMISSION & RELEASE FORM  
EXTRA-CURRICULAR ACTIVITIES AND FIELD TRIPS

SCHOOL: <b>St. John Fisher Sr. Daycare</b>	
DESTINATION: <b>Cinema Guzzo Sources</b>	
DATE: <b>Friday November 19, 2021</b>	FROM: <b>12:00 p.m.</b> TO: <b>3:30 p.m.</b>
METHOD OF TRANSPORTATION: <b>School Bus</b>	

SUPERVISION:

<b>5</b>
ADULTS

<b>70</b>
STUDENTS

<b>1/14</b>
ADULT/STUDENT RATIO

<b>\$25</b>
COST PER STUDENT

PERSON(S) IN CHARGE: AND OTHER ADULTS:	<b>Laura Sulano, Patty Verdino, Matilda Sansalone, Maryam Sarmadi, Lori Timmons</b>

**PARENTAL PERMISSION & RELEASE**

NAME OF STUDENT: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_

1. The Undersigned declare that the above named student is a minor in their legal charge.
2. The Undersigned acknowledge full awareness of the risks involved in this trip, and accept the arrangements for supervision as noted above; consequently, the Undersigned hereby grant permission for the above named student to participate in this activity.
3. **A signed Emergency Medical Treatment Form is on file. Please submit a revised form to reflect any changes.**

NAME OF PARENT, TUTOR OR LEGAL GUARDIAN (PLEASE PRINT):

\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

*This form must be completed for all types of trips or activities off school premises*