



Thursday, February 2, 2012

Dear First-Grade Parents,

As part of the 1st-grade religious school curriculum, on Sunday, March 4, 2012, our students will take a wonderful trip to The Zimmer Children's Museum in the Jewish Federation building of Los Angeles.

The Zimmer Children's Museum is a hands-on children's museum where students will learn about Jewish traditions, culture and history through art and interactive exhibits.

Our 1st-grade students will meet at Temple Beth Hillel in their classrooms at 9:15 AM, carpool to the Museum and return to the Temple at approximately 12:30 PM. We need parents to volunteer to drive; so, if you are able, please fill out the bottom box of the reverse side of the trip slip and return it to the religious school office along with a copy of the automobile declaration sheet showing the limit amounts of your coverage. Please do not assume you are driving until the religious school office or a room parent has contacted you with a confirmation.

Please complete both sides of the attached Trip Slip. There is a \$5.00 charge for each child over three (including our students) and an \$8.00 charge for each adult attending the museum. Cash or personal checks are accepted—please make checks payable to Temple Beth Hillel.

The Trip Permission Form and any payment are due to the Religious School office by Sunday, February 26, 2012.

Sincerely,


Susan Levin
Director of Religious School


Allison Lattman
Assistant Director of Religious School

**TRIP PERMISSION FORM FOR
 1ST-GRADE FIELD TRIP TO THE ZIMMER CHILDREN'S MUSEUM
Complete and return by Sunday, February 26
 Include \$5.00 for each student and additional child; \$8.00 for each adult**

Student's Name: _____ **Teacher's Name:** _____

Name(s) of Additional Participant(s): _____

Has permission to participate in the following trip:

The Zimmer Children's Museum
 6505 Wilshire Blvd., Suite 100
 Los Angeles, CA 90048

Date: Sunday, March 4, 2012
Time: 9:15 AM – 12:30 PM
Cost: \$5.00 for each student; \$5.00 for each child (over 3) guest; \$8.00 for each adult
Total Enclosed: \$ ____ .00
Form and Payment Due by: Sunday, February 26, 2012
Instructions: Meet at TBH for carpool (driven by parents or other authorized adults) to and from The Zimmer Discovery Museum

Health or Special Needs: *Check one.*

- My student has no special health needs the staff should be aware of, and no medication is required.
- My student has a special need, and instructions are attached.
 Number of attached pages: _____
- Other: _____

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility forcing medical or dental services.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

I agree to waive all claims against Temple Beth Hillel and hold its officers, employees, and agents harmless from any and all liability or claims which may arise out of or in connection with my child's participation in this activity. This waiver, however, shall not apply to any occurrences which may arise solely out of the negligence of Temple Beth Hillel its employee or agents.

Parent/Guardian Signature: _____ /_____/_____
Print Name *Signature* *Date*

Home Phone: (____) ____ - ____ **Cell Phone:** (____) ____ - ____

PLEASE COMPLETE AND SIGN THE REVERSE SIDE OF THIS FORM!!!

Student's Date of Birth: ____ / ____ / ____

Medical Insurance Carrier: _____ Policy #: _____

In the event of illness or accident, please notify:

Name Relationship to Child

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

Please READ and SIGN the following:

I hereby agree to indemnify, defend and hold harmless Temple Beth Hillel and its officers, employee, agents and volunteers, from and against any and all damages, loss, liability, charges, and expenses in any way arising out of my or my child's participation in the program for which I am registering. I give permission to Temple Beth Hillel to photograph me or my child participating in this program for which I am registering for use in future city publicity and I acknowledge that I will not receive any compensation for such use.

Parent/Guardian Signature: _____
Print Name Signature Date

Please check one:

- My child will need a ride to and from The Zimmer Discovery Museum and DOES or DOES NOT (Please check the appropriate box.) sit in a booster seat.
- I would like to be a driver/chaperone.
Please fill out the box below and include payment for yourself and any additional participants.

Please READ and COMPLETE the following information if you would like to be a driver for the above trip:

Our insurance company requires us to obtain A COPY OF THE AUTOMOBILE DECLARATION SHEET SHOWING THE LIMIT AMOUNTS OF YOUR COVERAGE. As the registered owner of any vehicle, you have the ultimate financial and legal responsibility for any accidents which might occur. Please note: Your proof of insurance card is not acceptable. If you have a Homeowners or Umbrella Policy, please include a copy along with your Automobile Insurance Declaration Sheet.

Name of Driver: _____ Cell Phone: (____) ____ - ____

I can take _____ students with seatbelts.
number

Auto Insurance Company: _____

Policy Number: _____ Expiration Date: ____ / ____ / ____

Driver's License Number: _____ Expiration Date: ____ / ____ / ____

Make: _____ Model: _____ Vehicle License Plate: _____

Driver's Signature: _____
Print Name Signature Date

Please return this form with a photocopy of your Automobile Insurance Declaration Sheet.