



**RSVP by April 2!**

**FAMILIES TO COLLEGE**

## Family Spring Break RSVP and Field Trip Permission Form

Families are invited to take part in the following events during Bridgeton High School's Spring Break. This is a chance for families to bond and learn new things about one another. There is something for everyone in this week so don't miss out!

**To RSVP, circle which of the following your family/you will attend:**

**MONDAY APRIL 2 - BOWLING NIGHT, 6-8 PM    THURSDAY APRIL 5 - FAMILY ARTS & MOVIE NIGHT, 4:30 - 9 PM**

**WEDNESDAY APRIL 4 - FAMILY TRIP TO PHILADELPHIA, 8:45 AM - 5 PM**

LaSalle University, 1900 W Olney Ave, Philadelphia, PA 19141 and  
Philadelphia Academy of the Fine Arts, 118-128 N Broad St, Philadelphia, PA 19102

Leaving at 8:45 AM and returning by 5 PM  
Transportation: School Bus provided by FTC

**My family/child will attend the event(s) and/or the trip(s) circled above.**

**FTC Student Name(s)** \_\_\_\_\_

**Parent/Guardian with legal custody who will be attending:**

**Name** \_\_\_\_\_ **Relationship to Student** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship to Student** \_\_\_\_\_

**Additional family members who will be attending, name(s)** \_\_\_\_\_

**I understand that at these events and on the trips, my student and other family members are under my supervision, and also must abide by the rules and code of conduct of the center. If a student or other family member is unable to abide by these rules, they may be asked to leave.**

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

We hope that your whole family will join us. If you cannot attend, and your child or children will be attending under the supervision of FTC Staff, please complete the bottom portion of form for each child under the age of 17 who will be attending.

**I understand that while at these events and on the trips, my child is under the supervision of the FTC staff, and also must abide by the rules and code of conduct of the center. If a student is unable to abide by these rules, they may be asked to leave, in which case, a parent/guardian must pick them up at the trip destination immediately. In the event I, the undersigned Parent/Guardian, cannot be reached in an emergency, I hereby give permission to the physician selected by the Families to College staff to secure and administer treatment, including hospitalization, for my child named above.**

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

**Parent/Guardian with legal custody to be contacted in case of illness or injury:**

**Name** \_\_\_\_\_ **Relationship to Student** \_\_\_\_\_

**Preferred Phone** \_\_\_\_\_ **Alternate Phone** \_\_\_\_\_

**Additional contact in the event that Parent/Guardian cannot be reached:**

**Name** \_\_\_\_\_ **Relationship to Student** \_\_\_\_\_

**Preferred Phone** \_\_\_\_\_ **Alternate Phone** \_\_\_\_\_

**Allergies, Medications, and Medical Conditions**

**Students will be responsible for their own medications, listed here** \_\_\_\_\_

**Please list any allergies, medical conditions of which the staff need to be aware (allergies, asthma, epilepsy, etc.)**

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