

Sun Ray Chinese School
 Summer 2018 Session
 Field Trip Schedule

Date	Day	Program/Activity	Age	Attend
06/19/18	Tuesday	Introduction Sun Ray Bank/Store, movie	all	
06/22/18	Friday	Nickel Mania	all	
06/26/18	Tuesday	Interstate Rollerskate/rollerblades \$4.00 extra	1st grade & UP	
06/29/18	Friday	Spelling Bee Contest/Talent Show	all	
07/03/18	Tuesday	Kid Mania	all	
07/06/18	Friday	Speech Contest /Lego Contest	all	
07/10/18	Tuesday	Nickel Mania	all	
07/13/18	Friday	Interstate Rollerskate/rollerblades \$4.00 extra	1st grade & UP	
07/17/18	Tuesday	Kid Mania/ Vista Ridge Mall	all	
07/20/18	Friday	Nickel Mania	all	
07/24/18	Tuesday	Interstate Rollerskate/rollerblades \$4.00 extra	1st grade & UP	
07/27/18	Friday	Math for fun Group contest/Yo-Yo Contest	all	
07/31/18	Tuesday	Nickel Mania	all	
08/03/18	Friday	Math Contest / Game Day	all	
08/07/18	Tuesday	Nickel Mania	all	
08/10/18	Friday	Kid Mania/ Vista Ridge Mall	all	

- Note:
1. While on field trips, students MUST wear Sun Ray Orange or Green t-shirts .
 2. Rollerskate/Going Bonkers **need** bring or wear **socks**./ Rollerblades \$4.00 extra.
 3. Students should always bring spending money (i.e. for drinks, arcades, souvenirs)
 4. Students not attending field trip will remain at school for individual study.
 5. Field Trip will return school at 4:30 pm, if you need early pack-up schedule, please notify school.
 6. Please review the above field trips and mark on those trips what you plan to participate.
 Fill out permission form below and return.

Medical Release Form/Activity Permission Slip

My Medical insurance Company is _____

My policy number is _____

(Please attach a copy the medical insurance card)

This is to certify that I grant permission for my dependent child, (Chinese Name) _____

(English Name) _____, (Chinese Name) _____ (English Name) _____ (Chinese Name) _____

(English Name) _____, to receive medical treatment by physicians, while attending Sun Ray summer school at 1820 Pearl Street, Building C.carrollton. I further authorize treatment at local hospitals by physicians at those facilities, should such treatment be required, I understand that I will be responsible for any and all medical charges of fees.

I give permission for my child _____ to go field trips which I have marked.

Parent Signature _____ date _____

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