



Littleton Middle School

55 Russell St. Littleton, MA 01460

Phone: 978-486-8938

Fax: 978-952-4547

Website: www.littletonps.org

Sarah Dorfman, Adjustment Counselor

Jason Everhart, Interim Principal

December 16, 2019

Dear Sixth Grade Parents and Guardians:

The sixth grade class will be participating in Nature's Classroom, a five-day, four-night field trip at Grotonwood Camp in Groton, MA from May 18 - May 22, 2020. An overview of the program as well as permission slips, registration and medical information forms are included in this packet.

The total cost per student will be \$460.00. We will collect this in two payments of \$230 each. **The first payment and forms will be due by January 31, 2020.** Checks should be made out to Town of Littleton. Please note in the memo section of your check if the last name on the check differs from that of the student. Payments and forms may be given to your child's flex block teacher.

This trip is a long-standing tradition and a highlight of the 6th grade. We are looking forward to an exciting and memorable learning experience again this year!

Payment Schedule:

\$230	January 31, 2020
\$230	April 3, 2020

Sincerely,

The 6th Grade Teachers

It is the policy of the Littleton Public Schools not to discriminate on the basis of race, gender, religion, national origin, color, homelessness, sexual orientation, gender identity, age or disability in its educational programs, services, activities or employment practices. Further information may be obtained by contacting

Justine Muir, District Equity Coordinator at 978-540-2500, jmuir@littletonps.org or 33 Shattuck Street, P.O. Box 1486, Littleton, MA 01460.

Our mission is to foster a community of learners who strive for excellence and prepare each student to be a successful, **contributing** citizen in a global society.

OVERVIEW OF NATURE'S CLASSROOM

Nature's Classroom offers a unique educational experience to students and their teachers. The goal of the program is to create an educational community that integrates social development, student-driven exploration and interdisciplinary study. Students are under adult supervision at all times both during the day and at night. Small student to teacher ratios are maintained to promote personal growth and provide individualized attention to each student. The Nature's Classroom staff is comprised of professional staff with a wide variety of academic backgrounds and interests. Nature's Classroom encourages students to cooperate as a community, strengthen their self-concept and gain an appreciation of curiosity and learning. Working closely with your student's classroom teachers, Nature's Classroom develops a program that dovetails with the classroom curriculum and reinforces key concepts.

A typical day at Nature's Classroom features a morning *Field Group*, afternoon *Special Interest Classes*, and a *Large Group Activity* in the evening.

Field Group is generally the first activity of the day. Students are assigned by their classroom teachers to a field group; each field group is assigned to a single Nature's Classroom teacher. During field group, a strong emphasis is placed on working and learning as a team. Each day with their field group, students have the opportunity to explore in natural surroundings while studying important ecological concepts and their connection to the world and its life support systems. Students are encouraged to use critical thinking skills and work together to investigate a wide variety of natural phenomena and relationships.

Special Interest Classes occur primarily in the afternoon. Students have an opportunity to choose classes from a wide range of interests and disciplines. Nature's Classroom prides itself in presenting hands-on classes that are planned in conjunction with your student's classroom teachers. Classes are selected to reinforce and build upon your school's curriculum and explore the relationships between various academic disciplines. In order to provide students with the maximum opportunity for discovery and growth, a new selection of classes are available each day.

Large Group Activities and evening programs are selected by the classroom teachers to best suit the needs and goals of the students. With subjects ranging from science to leadership, traditional living to theatre, and everything in between, large group activities are a great way to create shared experiences for all Nature's Classroom participants.

Breakfast, lunch and dinner are provided, as well as an evening snack at the close of each day. Meals provide an opportunity to interact with other members of the community and share personal triumphs and discoveries. The diversity of subject matter covered within field groups, classes and other activities encourages students and teachers alike to share their excitement and engage in meaningful conversation around the table. Medications and first aid are administered by an RN, EMT or other medical personnel who is always available. Lodging is dormitory styled.

Students return from Nature's Classroom with newfound interests, lasting memories, and a greater sense of independence. Relationships formed and strengthened among both students and their teachers carry over into the classroom and beyond. The real life experience, both social and academic, inspires an increased understanding and a deeper appreciation of community, education and curiosity. We look forward to providing your child with a unique opportunity to learn and play in a safe and supportive environment.



LITTLETON MIDDLE SCHOOL

FIELD TRIP PERMISSION FORM



Dear Parent/Guardian,

Your child has the opportunity to participate in a school sponsored field trip. Please review the field trip details below, sign the attached slip, and have your child return it along with the required payment no later than the date listed below.

- Grade Level &/or Sponsoring Group: 6th Grade Team
- Date of Trip: May 18, 2020 - May 22, 2020
- Description/Name of Trip: Nature's Classroom
- Destination: Grotonwood, Groton, MA
- Purpose: Hands-on science experiences and team building
- Staff Member in Charge: Ms. Ogden and Mrs. Tracanna
- Travel Arrangements: May 18 - school bus to Grotonwood
May 22 - parent pick up from Grotonwood
- Approximate Time of Departure: 9:00 am on May 18 from LMS
- Approximate Time of Return: 11:15 am parent pick-up from Grotonwood
- Bag Lunch Required (yes/no):
- Suggested Attire: packing list attached
- Cost of Trip (please make checks payable to Town of Littleton): \$460.00
* See cover letter *

Please sign and return the form below as well as the district field trip/extra-curricular & co-curricular permission form (attached). Have your child return both forms and the required payment by:

Field Trip Name/Description

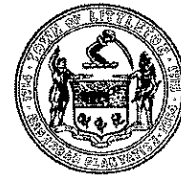
Student Name: _____
(please print)

Grade: _____

Parent/Guardian Name: _____
(please print)

I give permission for my child to participate in this field trip:

As stated in the Student/Parent Handbook: Any student involved in chronic or serious disciplinary incidents may be barred from participation in field trips at the discretion of the principal.



2

Littleton Public Schools

33 Shattuck St. * P.O. Box 1486 * Littleton, MA 01460-4486 * Phone: (978) 540-2500 * Fax: (978) 486-9581 * Website: www.littletonps.org

KELLY R. CLENCHY, Ed.D, SUPERINTENDENT OF SCHOOLS

Elizabeth Steele, Interim Director of Curriculum
Justin Muir, Director of Pupil Personnel Services
Steven F. Mark, Business Manager

Natalie A. Croteau, Technology Systems Coordinator
Julie Lord, Instructional Technology Coordinator

FIELD TRIP/EXTRA-CURRICULAR AND CO-CURRICULAR PERMISSION FORM

I, the undersigned student aged 18 or over, parent or lawful guardian of

_____, a minor, do hereby consent to _____
Name of Student Name of Student

participation in Nature's Classroom a voluntary program offered by the
Activity

Littleton Public Schools (on, from, during) May 18, 2020 - May 22, 2020
Date(s) of Activity/Sports Season

Do forever RELEASE, acquit, discharge, and covenant to hold harmless the Littleton Public Schools and the Town of Littleton, MA its officers, agents, employees and attorneys from any and all actions, causes of action, [and] claims on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage which

_____ And/or I may now or hereafter have as the parent of said minor,
Name of Student

and also claims or right of action for damages which said minor has or hereafter may acquire, before or after he/she has reached his/her majority resulting from his/her participation in the aforementioned activity sponsored by the Littleton Public Schools.

Signature of Parent/Guardian
Student 18 or over

Date

It is the policy of the Littleton Public Schools not to discriminate on the basis of race, gender, religion, national origin, color, homelessness, sexual orientation, gender identity, age or disability in its educational programs, services, activities or employment practices. Further information may be obtained by contacting Justin Muir, District Equity Coordinator at 978-540-2500, jmuir@littletonps.org or 33 Shattuck Street, P.O. Box 1486, Littleton, MA 01460.

Our mission is to foster a community of learners who strive for excellence and prepare each student to be a successful, contributing citizen in a global society.

Nature's Classroom

3

MEDICATION ADMINISTRATION FORM

All medications (including prescription, non-prescription and vitamins) must come in original containers.

Please complete *all parts* of the following chart for all medications being sent or the medication cannot be administered. If more than four medications are needed, please copy this page.

CHILD'S NAME: _____

I hereby give permission for the staff of Nature's Classroom to oversee the administration of the following medication(s) to my child:

Medication	Dose (mg, tsp)	Time Medication Taken				
		Breakfast	Lunch	Dinner	Bed	Other

Comments (reason for taking medications, special considerations): _____

Your child will not be allowed to keep any medication in his/her cabin. Prescribed medications must be in original container with pharmacy label containing Rx number, the name of the medication, the dosage, directions for administration, and the child's name. Whenever possible, a copy of the doctor's prescription or letter may be sent to clarify any discrepancies. All non-prescription medication must be in their original containers, clearly labeled with the child's name, name of the medication and direction for use.

Signed: _____ Dated: _____

Relationship: _____

NATURE'S CLASSROOM STUDENT REGISTRATION

4

Please print all information and please fill in all the blanks

Child's Name _____ Date of Birth _____
(Last) (First)

Age _____ Sex _____ Weight _____ Height _____

Address _____
(No. and Street) (Town) (State) (Zip)

Parent's Name(s) _____

Email Address _____

Home Telephone (____) _____ Alternate Telephone (____) _____

Family Physician _____ Telephone (____) _____

I give permission for (Name) _____ to attend Nature's Classroom

for the period of _____ as part of the outdoor education program

of (School Name) _____ . I understand that the director of Nature's Classroom may, if necessary, for my child's health, have him/her hospitalized or use outside medical, surgical, or dental care. I also understand that the director and/or school leaders may dismiss my child from Nature's Classroom if, in their opinions, his/her conduct or influence is not in the best interest of the entire group. No refund is given if such action is taken for discipline reasons. Nature's Classroom has my permission to use my child's image, voice and/or likeness for promotional purposes.

Date _____ Signature _____ Relationship _____

MEDICAL PERMISSION SLIP

Should your child become ill, get a headache, catch a cold or have other minor medical or dental problems, do you give permission for the administration of basic first aid at the discretions of the Nature's Classroom staff?

Yes _____ No _____

Date _____ Signature _____ Relationship _____

If Ibuprofen or Tylenol needs to be administered, do you prefer:

IBUPROFEN _____ TYLENOL _____ OTHER (Specify) _____

Nature's Classroom

HOME AND HEALTH INFORMATION QUESTIONNAIRE

Child's Name: _____ Date of Session: _____

The questions below are provided to give you a framework within which to provide that needed information to us. Please feel free to add whatever information you think will be helpful – attach additional sheets if necessary. We will share this information with your child's classroom teachers prior to his/her arrival at camp. Thank you for your cooperation.

1. Is this your child's first prolonged stay away from home? _____

2. Is this your child's first sleep away experience? _____

3. Has your child ever had a problem with homesickness? If yes, please explain briefly. _____

4. Does your child have a bed wetting problem? _____

5. Date of last tetanus booster shot (not a tetanus shot given after an injury). _____

6. Are there any restrictions on your child's activities? Please include any special health concerns, e.g., special diet, recent hospitalizations, fractured bones, etc.

7. List any allergies, e.g., food, environmental, medication, and explain degrees of severity and current treatment.

8. Does your child have any sensory, physical or cognitive disabilities? Yes No If yes, explain.

9. Has anything happened recently in your child's life that may affect him/her emotionally or physically while at camp? If yes, please explain.

10. Additional information:

