



Montessori Pathways School

Field Trip to Cinderella Play

Parents are invited to attend.

When: *Thursday, February 18, 2010*

Where: *Lake Zurich Performing Arts Center
300 Church St.
Lake Zurich, IL*

Time: *The bus will leave the school
promptly at 8:15am.*

Return Time: *The bus will return to the school around 12:00pm.*

Cost: *\$5.00 per person for admission + \$6.00 per person for
the bus.*

Please Note: *Children must arrive by 7:45am. The children who stay at
school all day until 4:00pm or 6:00pm will be eating lunch
upon returning to school.*

Please have the children wear their Montessori Pathways School t-shirt.

*The school has reserved a certain number of tickets. We need an accurate
count. R.S.V.P. no later than January 26th.*



Please see the second page

Montessori Pathways School

Field Trip to Cinderella Play

Child's Name _____
(Please print)

_____ My child has my permission to ride the bus to the play at Lake Zurich Performing Arts Center. The cost for the bus is \$6.00 per person in addition to the \$5.00 per person charge for admission.

_____ I would like to ride the bus to the play at Zurich Performing Arts Center. The cost for the bus is \$6.00 per person in addition to the \$5.00 per person charge for admission.

_____ We will meet you at Lake Zurich Performing Arts Center (we ask that you arrive promptly by 9:00 a.m. because our entire group will be seated together) and pick the child up after the performance at 11:00 a.m. (the bus leaves at 11:00 a.m.). The cost is \$5.00 per person for admission. Please note that there might not be individual parking at Lake Zurich Performing Arts Center.

_____ My child will not be attending the play. School will be closed until teachers and children return at approximately 12:00pm.

Number of people riding the bus _____ X \$6.00 = _____

Number of tickets _____ X \$5.00 = _____

Total amount due _____

Please make checks out to Montessori Pathways School. Thank You.

Please R.S.V.P. no later than Tuesday, January 26th.

Parent's Signature _____

Please fill in the bottom portion if your child will be under the supervision of the school.

In the event of an emergency, I can be reached at the following number

My Doctor's Name and Phone Number is:
