



**Churchville-Chili  
Middle School  
8th Grade  
Boston Trip**

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# Beantown Adventure

## Day One - Wednesday, May 29th

- 6:00 am Arrive at the School. **A breakfast and will be prepared for you by the school cafeteria!!!** Please be sure to bring plenty of snacks, water, a good book, and a comfy pillow for the ride.
- 7:00 am Your motorcoach departs for Boston with comfort stops made as needed. **Don't forget those snacks from home to be consumed on route.**
- 11:00 am **Lunch - DiBella's Old Fashion Subs** | Tasty DiBella Subs with chips, and cookies for dinner to be picked up at a designated Albany rest stop. (Guilderland Service Area) Also serves as a comfort stop with refreshments available for purchase!
- 12:30 pm Board buses to depart for Boston to check into our hotel...
- 4:30 pm **Courtyard by Marriott - Woburn, MA** | Arrive at your home away from home. Let's get checked in and freshen up for our Cruise Experience.
- 6:30 pm Depart for our Harbor Cruise Experience!
- 7:00 pm **Boston City Cruise | Hornblower's "Spirit of Boston"** Your onboard guide will regale you with hero tales of the Revolutionary War and local legends of the sea while sailing through Boston's inner and outer harbors. Learn how the harbor was transformed into one of the cleanest waterways in the country. This will provide your students with an excellent and memorable historical experience. **This is a dinner/dance event!**
- 10:00 pm Head Back to the **Courtyard by Marriott** for some much needed rest.
- 10:30 pm Get a good night's sleep for another big day tomorrow!

## Day Two - Thursday, May 30th

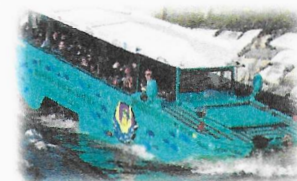
- 7:00 am **Breakfast** - Enjoy a hearty "Hot Breakfast" buffet at the hotel.
- 8:15 am Head into Boston for a busy day of exploration, shopping, and FUN!
- 9:00 am **Boston Museum of Science** | Check out one of the world's largest science centers and Boston's most attended cultural institution, the Museum attracts approximately 1.5 million visitors a year through its vibrant programs and 700 interactive exhibits.
- 9:00 am **Boston Duck Tour** | You've never toured Boston in anything that comes close to Boston Duck Tours. The fun begins as soon as you board your "DUCK", a W.W. II style amphibious landing vehicle. You'll be greeted by one of their legendary tour **ConDUCKtors®**, who'll be narrating your sightseeing tour of Boston. This is a GREAT way to start your Day!!!
- IMPT>>> We will board three (3) Ducks at 9AM just outside the museum (34/Duck) Group One**  
**We will board four (4) Ducks at 10AM just outside the museum (34/Duck) Group Two**  
**We will board three (3) Ducks at 11AM just outside the museum (34/Duck) Group Three**  
**It is very important to be on time and organized!**
- Lunch>>> Group One - 11:00am | Group Two - 11:45am | Group Three - 12:30pm <<<Lunch**  
Museum Vouchers valued at \$15 will be used to purchase your lunch right at the cafeteria.  
After lunch you can continue exploring the museum or hit the Gift Shop!
- 1:30 pm **Board your Motorcoach to go to Bluelman!**
- 2:00 pm **Showtime - The Blue Man Group** | Three enigmatic bald and blue characters take the audience through a multi-sensory experience that combines theater, percussive music, art, science and vaudeville into a form of entertainment. Enjoy the Show!!!
- 3:30 pm Time to head back to our hotel and leave Boston behind. Going to have a Pizza Party and DJ at the hotel for dinner!
- 4:30 pm **Dinner - It's a Pizza Party with a DJ** | We are going to have some Pizza, Salad, and time to enjoy a DJ for a little while tonight before heading up to Salem for a Haunted Tour!
- 7:30 pm Need to get on the road and head up to Salem!!
- 8:00 pm **Haunted Footsteps Ghost Tour** | Delve into Salem's macabre past as our guides regale you with true tales of documented paranormal activity, chilling cemeteries, and centuries old murder.
- 9:45 pm Head Back to Boston and our Home away from Home and some rest!
- 10:30 pm Get a good night's sleep for another big day tomorrow

**All times are approximate. • All designated meals are included.**

## Points of Interest



**Boston Harbor  
citycruises**   
by Hornblower™



**Aristocrat Travel**  
"You Can Get There From Here!"

c/o Thomas Milgate  
2389 Scotts. Mum. Road  
Scottsville, NY 14546  
Tom Direct: 585-538-4442  
Email: tmilgate@gmail.com  
[www.atsavers.com](http://www.atsavers.com)



## Churchville Chili Middle School "Beantown Adventure"

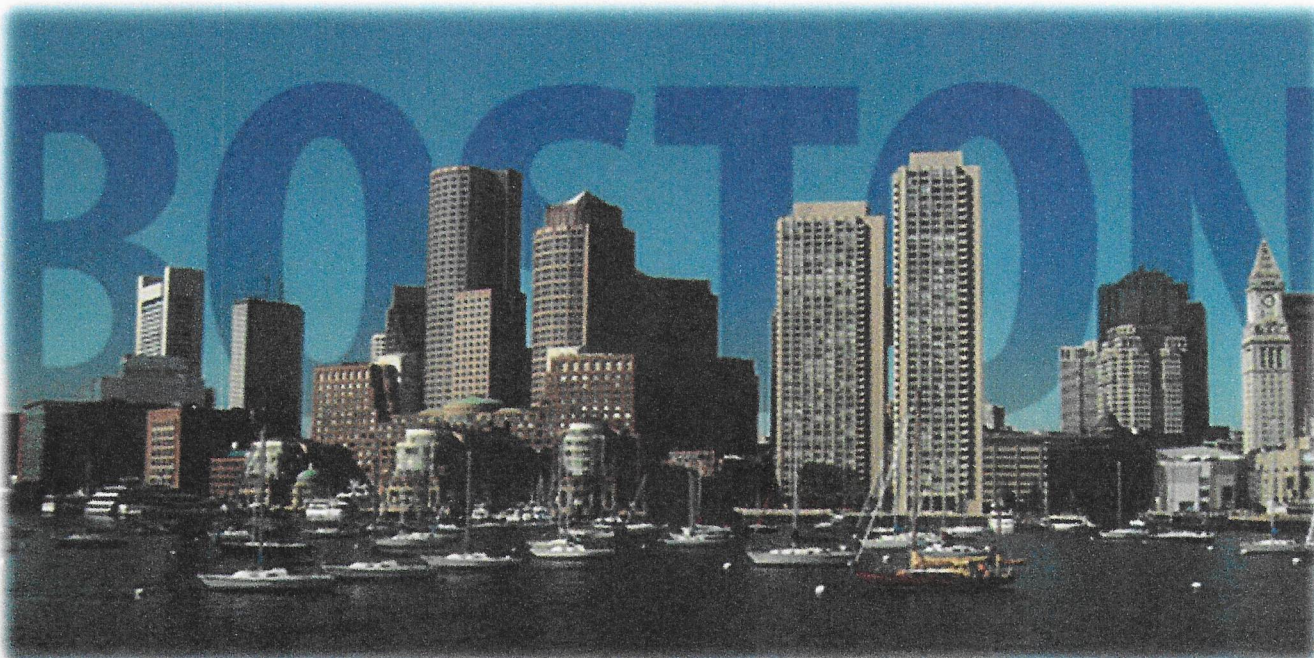
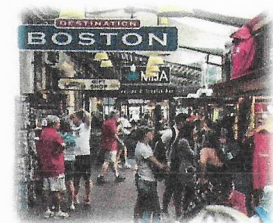
May 29th - 31st, 2024

### Day Three - Friday, May 31st

- 7:00 am **Breakfast** - Enjoy the hot breakfast buffet at the hotel
- 9:00 am Check out of the **Courtyard by Marriott - Woburn, MA** | heading out for another fun-filled morning of exploration before heading home.
- 10:00 am **The Freedom Trail** | Experience 16 historical sites that covers two and a half centuries of America's most significant past and narrated by in period costume professional tour guides. This tour leads directly to Faneuil Hall/Quincy Market where we can shop and eat our way through to the Aquarium which is within walking distance at the other end of the Market. Perfect!
- 11:30 am **Lunch/Shop - Faneuil Hall/Quincy Market** | A Voucher will be provided for lunch! Shop and eat your way through this awesome Boston landmark one more time. Enjoy!
- 1:00 pm Time to head over to the New England Aquarium...
- 1:15 pm **New England Aquarium** | Dive into the world of water without getting wet!!! Explore vibrant coral reefs from the Bahamas and the tropical Pacific to temperate Australia. Meet the lionfish and the stonefish, some of the most poisonous fishes in the sea. Introduce yourself to the harbor seals and more...
- 2:45 pm Depart for home
- 5:00 pm **Dinner - DiBella's Old Fashion Subs** | Tasty DiBella Subs with chips, and cookies for dinner to be picked up at a designated Albany rest stop (Pattersonville - between Exit 26 & 27) Also serves as a comfort stop with refreshments available for purchase!
- 6:00 pm Depart for home! We sincerely hope you have had a GREAT TIME!!!
- 9:30 pm Approximate arrival time at school

All times are approximate • All designated meals are included

### Points of Interest



"A quintessential blend of colonial history and treasure trove of Americana!"



## CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT OVERNIGHT/OUT OF COUNTRY TRIP AGREEMENT

The undersigned individuals hereby acknowledge and agree to the following:

The Churchville-Chili Central School District ("District") is providing the opportunity for the students to participate in a trip sponsored by the District. Since this trip will result in students leaving the District environ and traveling to and visiting places which the District considers to have educational value, there will be certain times when the student will be independent of District's supervision. When students are in their hotel rooms, for example, it is not possible to provide constant supervision. Curfews, however, will be enforced. It is important for the students and parents to acknowledge and accept that this is the type of supervision that will be provided by the District.

Additionally, the type of trip the student is participating in requires travel and overnight accommodations in another city. There are inherent risks involved in any type of overnight travel. These risks include, but are not limited to, accidents of the common carrier, theft of property, and inclement weather forcing a shortening or canceling of the trip. Additionally, the undersigned must understand that when either visiting other cities, especially overseas, that travel in a group or individually may be dangerous. The parents and students must accept such risks before the travel begins. By signing this Agreement, the undersigned parent and/or student agree not to hold the District liable for any dangers associated with travel to other cities and/or overseas.

The Board of Education reserves the right to cancel a field trip **at any time**, particularly if security and safety is in doubt. In the event a field trip is cancelled, the District **will not** be responsible for reimbursing any deposits or expenses incurred by students, parents or staff unless the District receives reimbursement from a third party vendor or supplier. The trip's sponsors and the parent(s)/guardian(s) are responsible for obtaining trip cancellation insurance and this expense must be included as part of the overall cost of the trip. No refund will be made if a participant's involvement is terminated during the trip due to behavioral issues.

Laws and customs of other nations may vary from our own. Regardless of local regulations, students will neither purchase nor use alcohol, tobacco or controlled substances of any kind at the time of, or during the trip. In addition, the student is expected to comply with all of the expectations outlined in the Churchville-Chili CSD Code of Conduct and to comply with the requests of adult chaperones at all times. Failure to do so will result in appropriate discipline action, including the prohibition of any further participation in the trip by a student violating the Code of Conduct. The parent or guardian signing below hereby agrees that he or she will promptly transport the student home after notification of a violation of the Code of Conduct, at the parent or guardian's sole expense.

To the extent that the undersigned student is a minor, it is understood by this Agreement that the parents will assume all risks, and further, the parent will agree to indemnify the District for any claim arising out of the trip or arising based in whole or in part in a failure of adequate supervision brought by or on behalf of the student now and in the future.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(must sign in front of a notary public)

\_\_\_\_\_  
printed name of parent/guardian

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Expires: \_\_\_\_\_  
Notary Public, State of New York

Notary Stamp:

**CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT**  
**FIELD TRIP PERMISSION AND**  
**MEDICATION AND EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

Part I to be completed by field trip advisor. Parents/guardians are asked to complete Parts II, III, and IV of this permission form including the medication authorization section as necessary.

**PART I - Information for Field Trip:**

Destination: Boston, Massachusetts Date: 5/29-5/31/24

Time: 6:00 AM Wed to 9:30 PM Friday Cost to Student: EST \$650.00-675.00

Mode(s) of Transportation: ☐ District Bus ☒ Charter or Rental Vehicle ☐ Airplane

Activities of Trip Boston Harbor Sightseeing/Dinner Boat, Duck Boat Tour, Boston Science Museum,  
Blue Man Group Performance, Salem Ghost Tour, New England Aquarium, Freedom Trail, Quincy Market

**PART II – Parent/Guardian Permission**

Date: \_\_\_\_\_

\_\_\_\_\_ has my permission to attend the field trip as outline above as part of his/her school experience. I understand that the District Code of Conduct will be in effect at all times. The student may be removed from the trip for disciplinary, attendance, or grade issues that occur before the departure date as per the District Code of Conduct.

The student agrees to follow all school rules and guidance, including the Code of Conduct, prior to and during the trip. By signing, the student agrees to the rules and expectations, and consequences for any behaviors that violate the Code of Conduct.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART III – Medical Information**

If you have a student attending this field trip who will need to possess prescription or over the counter medication while on the trip, please complete Part IV of this form along with a duly executed prescription and/or doctor's order, which must be on file prior to the commencement of the field trip in order for the student to take medications with him/her on the trip.

- A. In case of an emergency, I understand that every effort will be made to contact me. If the school is unable to reach me, I hereby give the school permission, through my signature below, to act on my behalf in seeking emergency treatment for my child in the event such treatment is necessary and give my permission to those administering emergency treatment to do so using the measures necessary.



- B. My child is **allergic** to the following medications: \_\_\_\_\_  
 \_\_\_\_\_
- C. My child has a **special medical problem** (if none so state, if yes, specify)  
 \_\_\_\_\_
- D. My child is currently under **medical care**. Please describe nature of illness and treatment.  
 Mark N/A if not applicable.  
 \_\_\_\_\_
- E. Date of last tetanus vaccination \_\_\_\_\_

#### PART IV – Medication Authorization

**NOTE:** A physician's written order and parent/guardian written permission is required for not only prescription medications but over-the-counter medications as well.

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medication	Dosage	Time/Frequency

*Note: If more lines are required, please attach a form listing medication and dosage information.*

Check one:

- ☐ **Student may self-administer** (i.e. inhalers, epi-pen, and insulin). In the event that the need arises to self-administer Epinephrine or with administration of any injectable, the student must notify their assigned chaperone.
- ☐ **I will personally attend the field trip to administer the medication.**
- ☐ **I have designated** \_\_\_\_\_, my friend, family member, household member or other relationship appropriate in accordance with N.Y. Education Law §6908 (...providers, employees or caregivers acting under the direction and authority of a parent of a child, legal guardian, legal custodian, or an adult in whose care a child has been entrusted and who has been authorized by the parent to consent to any health care for the child...) to administer the above-listed medication(s) to my child at the school-sponsored event listed at the beginning of this form. I acknowledge that Churchville-Chili Central School District will not be liable for any problems that may arise as a result of the administration of such medication by the designee.
- ☐ **Student will require a licensed health professional to administer his/her medication.**

Physician's Printed Name: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Address \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_

**PART V – Parent/Guardian Contact Information in Event of Emergency**

Parent/Guardian Phone #s: work \_\_\_\_\_ home \_\_\_\_\_ mobile \_\_\_\_\_

Parent/Guardian Phone #s: work \_\_\_\_\_ home \_\_\_\_\_ mobile \_\_\_\_\_

Emergency number if unable to reach parent(s) / guardian(s):

Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Relationship to student \_\_\_\_\_ Home Phone: \_\_\_\_\_

Insurance Policy - Provider \_\_\_\_\_

Policy # \_\_\_\_\_

I, \_\_\_\_\_ the undersigned, being the parent/legal guardian of  
 \_\_\_\_\_, understand that trip chaperones will make every effort to  
 contact me, but in the event that emergency treatment is necessary, I hereby authorize medical treatment  
 on behalf of my child. I release the Churchville-Chili Central School District and district personnel from  
 any claims or causes of action arising out of injuries that my child may sustain in connection with the field  
 trip.

Parent/Guardian Signature \_\_\_\_\_

*\*\*If notarization is required, please wait to sign until you are in front of a notary public.*

Print or type name of person signing: \_\_\_\_\_

Notary Stamp

***\*\*Notarization Required for Out of Country/Overnight Field Trips Only***

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Public, State of New York \_\_\_\_\_ Expires \_\_\_\_\_

Created: 6/13/2017

Revised: 9/18/2018, Reviewed: 1/14/2020

Refer to: N.Y. Education Law § 6098(1)

**CHURCHVILLE-CHILI CENTRAL SCHOOL DISTRICT****FIELD TRIP BEHAVIORAL CONTRACT*****To be completed by the student:***

I, \_\_\_\_\_, a student with the Churchville-Chili Central School District (the  
(printed student name)

“District”), seek to attend a field trip with the District to \_\_\_\_\_

on \_\_\_\_\_. By signing this Contract, I declare that I recognize that the District Code of Conduct applies to all activities on the field trip that I seek to attend. I will comply with all provisions within the District Code of Conduct, and recognize that any violation of the District Code of Conduct may result in my discipline as outlined in the Code of Conduct or my transport away from the trip and prohibition from continuing participation. If, as a result of my behavior, the District decides to preclude my further participation in the trip, I recognize that my parent or guardian will be telephoned and asked to pick me up for transport away from the trip, at their cost.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

***To be completed by the parent or guardian of a participating student:***

I, \_\_\_\_\_, parent or guardian of the above-named student, recognize that I  
(printed name of parent or legal guardian)

will be responsible for transporting the student home from the trip in the event that I am contacted to do so as a result of his or her violation of the District Code of Conduct. I acknowledge that I will be accessible for a telephone call during the course of the trip and will transport the student promptly after receipt of a telephone call, at my own cost.

\_\_\_\_\_  
Parent or Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone number





## GUARANTEED REFUND PROTECTION

### Parental/Guardian Application

Available for Groups of 30 paying passengers or more only. This is **NOT** an insurance product. The GRP is "exclusive" to Aristocrat Travel and offers individuals traveling throughout the United States and/or Canada a refund for any reason up to 14 days prior to the scheduled departure of the trip for any reason!

#### Some Simple Terms Apply...

You must purchase GRP at the same time of your initial deposit.

**IMPT>>>**The GRP does **NOT** cover airline purchases.

If you have purchased GRP and wish to drop out of your trip, simply send Aristocrat Travel a short note (email) explaining why you're dropping out and we will reimburse you within 14 business days.

100% of the trip price (minus airfare, if applicable) is reimbursed if dropping out at least 14 days **before** the trip start date.

50% of the trip price (minus airfare, if applicable) is reimbursed if dropping out **within** 14 days prior to the trip start date.

**NO refund** if dropping out on/or after the trip start date.

Cost of GRP and/or any insurance premiums are **not** reimbursed.



Trip Cost (without airfare)	GRP Pricing
0 - \$250	\$30
\$251 - \$500	\$60
\$501 - \$750	\$90
\$751 - \$1000	\$115
\$1001 - \$1250	\$145
\$1251 - \$1500	\$165
\$1501 - \$1750	\$190
\$1751 - \$2000	\$220
\$2001 - \$2500	\$275
\$2501 - \$2750	\$300
\$2751 - \$3000	\$330

School: \_\_\_\_\_ Destination: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Trip Cost: \_\_\_\_\_ GRP Price: \_\_\_\_\_ # Applying \_\_\_\_\_ TTL. Remittance: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Student's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your signature confirms your acceptance of our "Simple Terms" for the Guaranteed Refund Protection program. You must remit your GRP fee with your initial deposit to qualify. Aristocrat Travel cannot offer the GRP coverage after the initial deposit has been received. Your GRP fee is 100% non-refundable.