



A Child Becomes...  
PRESCHOOL

**Sunbeam Field Trip - Seattle Children's Theater**  
***"Leonardo! A Wonderful Show about a Terrible Monster"***

Where: **Seattle Children's Theater**  
**201 W Thomas St.**  
**Seattle, WA 98109**

When: **Tuesday, October 20<sup>th</sup>**  
Cost: **\$19/student**  
**\$19/chaperone (No siblings)**

*Please return form by: October 15<sup>th</sup>*

Arrive at school: **8:00am (only if carpooling or riding with teacher)**

Meet outside SCT: **9:30am**

Show begins: **10:00am (45 minutes, no intermission)**

Pick up from school: **12:00pm (late pick-up time)**

Teacher Sydney: 206-551-4200

Teacher Stacy: 206-356-5952

*\*Lunch Bunch / Enrichment students please pack lunch to eat when returning to school. Lunch Bunch will be dismissed at the regular time 2:00pm*

-----Please cut form here & return BOTTOM half-----

Where: **Seattle Children's Theater**

Date: **Tuesday, October 20<sup>th</sup>**

Name of Student: \_\_\_\_\_

Can/will you chaperone/drive? (circle one) **YES NO**  
(Limited tickets)

Driver Information Form submitted? (If yes, circle one) **YES NO**

Driver Name: \_\_\_\_\_

Total # of students to transport: \_\_\_\_\_

Names of children you have arranged to drive:  
\_\_\_\_\_

**Payment: \$19/student, \$19/chaperone**

- ☐ Pay by check made out to **A Child Becomes Preschool**
- ☐ Please charge my card on file in the Parent Portal. \_\_\_\_\_  
(initial here)

*For children who need a ride, we will transport them. You must leave your child's car seat so we can transport them safely. If no car seat is left, your child will not be able to attend the field trip.*

Emergency Contacts for the day:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

My child, \_\_\_\_\_, has my permission to attend the field trip on the dates/times listed above. I understand that my child's "school" vehicle carries auto insurance and that if I drive, I also MUST carry auto insurance. I understand that if I cannot attend the field trip, I must leave my child's car seat at school so they can ride with another family or teacher.

Please sign and date: \_\_\_\_\_



### Field Trip Driver Information

#### DRIVER

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Driver's License # \_\_\_\_\_ Date of Expiration \_\_\_\_\_

#### VEHICLE THAT WILL BE USED

Name of Owner \_\_\_\_\_ Model \_\_\_\_\_  
Address of Owner \_\_\_\_\_ Make \_\_\_\_\_  
\_\_\_\_\_  
Year \_\_\_\_\_  
License Plate # \_\_\_\_\_ Registration Exp. Date \_\_\_\_\_

#### INSURANCE INFORMATION

When using a privately owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company \_\_\_\_\_  
Policy # \_\_\_\_\_  
Date of Policy Expiration \_\_\_\_\_  
Liability Limits of Policy\* \_\_\_\_\_

\*Minimal, recommended liability limit for privately owned vehicle is \$100,000/\$300,000.

#### CERTIFICATION

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport students.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)