

2 NIGHT 3 DAY ITINERARY
BAY ACADEMY BOSTON – APRIL 1-3, 2019

WEDNESDAY, APRIL 1, 2020

- 6:30AM Buses & Tour Directors arrive at **Bay Academy** 1401 Emmons Ave, Brooklyn, NY 11235
718-891-9005.
- 7:00 AM Depart for Boston Rest stop en route
- 1:00 PM **Quincy Market** - shopping and lunch (**at personal expense/lunch brought from home**)
- 2:30 PM Group gathers for walk to **New England Aquarium** 1 Central Wharf, Boston, MA
- 3:00 PM Enjoy the **New England Aquarium**
- 5:00 PM Depart for **Four Points by Sheraton Wakefield** 1 Audubon Rd, Wakefield, MA 01880
(781) 245-9300
- 6:00 PM Check into **Four Points by Sheraton Wakefield**
Freshen up for **Dinner and DJ Dance**
- 7–8:00 PM **Hotel Buffet Dinner**, warm rolls & butter, full salad bar w/ sliced grilled chicken breast, mozzarella sticks, chicken fingers with bbq & honey mustard sauce, penne w/ alfredo & broccoli, and corn.
Dessert: sundae bar with vanilla, chocolate & strawberry ice cream, assorted toppings, regular & decaf coffee, herbal teas for adults & pitchers of assorted soda with water station
- 7:30-10 PM **DJ Dance & Game Night** with photo booth
- 10:15 PM Back to rooms for pleasant night's dreams
- 11 PM–5 AM **Private Security**

THURSDAY, APRIL 2, 2020

- 7:30-8:30 AM Enjoy **Full Hot Buffet Breakfast at Hotel** – Fresh Baked Muffins and Croissants, Assorted Cereals with 2% and Skim Milk, Fresh Soft Scrambled Eggs, Crisp Maple Bacon, Golden Breakfast Potatoes, Toast (White & Wheat), Orange & Apple Juice, Assorted Fruit (Bananas, Apples, Oranges, etc.), Freshly Brewed Regular and Decaffeinated
- 8:45 AM Depart for **Museum of Science** 1 Science Park, Boston, MA 02114
- 9:30 AM Explore the **Museum of Science**
- 11:30 AM Enjoy **lunch at Museum of Science (personal expense)**
- 12:45 PM Board bus for **Edward M. Kennedy Institute** 210 Morrissey Blvd, Boston, MA 02125
- 1:45 PM Arrival at **Edward M. Kennedy Institute** - Enjoy the technology driven exhibits, become a "Senator-in-Training" & debate the issues of the day
- 4:15 PM Depart for **Dave & Buster's** 271 Mishawum Rd, Woburn, MA 01801
- 5:45 PM Arrive at **Dave & Buster's** and enjoy the **PLAYOFF BUFFET including**: Four Cheese Pizza Bites, Crispy Chicken Bites, Bar Burgers, Field of Greens Salad, French Fries and Unlimited Soda and Ice Tea. Use your **\$20 Power card** for **unlimited video game play** plus **122 chips** for prize redemption games.
6:00 PM -1st seating **6:45 PM** -2nd seating
- 8:45 PM Depart for hotel
- 9:30 PM Arrival at hotel
- 11 PM -5 AM **Private Security**

FRIDAY, APRIL 3, 2020

- 7:15-8:15 AM Enjoy **Full Hot Buffet Breakfast** at Hotel
- 8:30 AM Check-out & depart for **Fenway Park** - Yawkey Way, Boston, MA
- 9:30 PM **Guided Tour of Fenway Park**- experienced tour guides provide a thrilling 1 hour walking tour. Sit in the press box & hear stories about the Wall of Fame and the history of the Boston Red Sox. See the view from the stands & the Green Monster,
- 11:00 AM Depart for Bay Academy. Lunch en route (**personal expense**)
- 5:00 PM Approximate arrival at School

NEAREST HOSPITAL TO HOTEL: **Mount Auburn Hospital** 330 Mt Auburn St, Cambridge, MA 617-492-3500

**Parent Notification / Consent Form
Over Night Trip**

Name _____ Class _____

School: I.S. 98

Trip Date: **April 1, 2 & 3, 2020**

Trip Coordinator: **Mrs. Nicole D'Agosta, Assistant Principal**

Destination: **Boston**

Departure Site **I.S. 98**

Departure Time **6:30am**

Return Site: **I.S. 98**

Return Time: **5:00 pm**

Mode of Transportation: Bus

Purpose of Trip: **Grade 8- To explore exciting events and historical activities**

Specific Clothing / Equipment Required for this Trip: Comfortable shoes

This trip will include the following physical and sports activities: **See Itinerary**

I, the parents/guardians of the student named above, hereby give my permission for my child to take part in the school trip described above.

a) I understand that there are potential risks associated with the above-listed activities and I consent to my child's participation in all activities except for the following:

b) Please indicate below any permanent or temporary medical or other condition including special dietary and medication needs, or the need for visual or auditory aids, which should be known about your child:

c) I understand that as a parent, if I believe it is necessary to limit my child's activity to a great extent, then the school may not be able to accommodate my child on this trip and that I and my child will be informed of this decision as soon as possible upon the receipt by the school of this completed consent form.

d) I agree that in the event of an emergency injury or illness, the staff members(s) in charge of the trip may act on my behalf and at my expense in obtaining medical treatment for my child.

e) I understand that my child is expected to behave responsibly and to follow the school's Discipline Code and policies.

f) I agree and understand that I am responsible for the actions of my child, and I release the school from all claims and liabilities that arise in connection with the trip, except if due to the negligence of school officials.

g) I understand that I am responsible for getting my child to and from the departure and return sites identified above. I understand that my child shall be accompanied by staff member(s) during the trip, including while traveling from the departure site to the destination site, and from the destination site to the return site.

h) I understand that alcoholic beverages and/or illegal drugs are prohibited and have discussed this prohibition with my child. I understand that if my child is found in possession of these substances, he/she will be subject to school disciplinary procedures and possible criminal prosecution.

i) I understand that students who violate the school's Discipline Code may be excluded in the future by the school from participating in a trip.

j) In an emergency I can be reached at: Day () _____ Evening () _____
Additional Contact: Name _____ Day () _____ Evening () _____

k) I give my permission for my child to participate in this school trip.

Print Name of Parent/Guardians

Date

Signature of Parents/Guardians

STUDENT DECLARATION

I have read this form and I understand that I am to act on this trip in the same responsible manner in which I am expected to conduct myself in school.

Print Name of Student

Date

Signature of Student

Please indicate below how your child will travel home from the trip at 5:00 pm on Friday April 3, 2020

_____ I will pick up my child _____ My child will walk home _____ Public Transportation _____

_____ My child will be picked up by _____