

ALL parents of fifth grade students need to return this form indicating if their child will attend Nature's Classroom or remain at MMS.

Dear Fifth Grade Parents,

We hope you will be able to attend the Nature's Classroom presentation on

Thursday, February 22 at 6:30 p.m.
in the Milford Middle School Cafeteria.

Bring along the attached information and your questions.



Please keep the top portion of this sheet for important Nature's Classroom dates and contact information. Return the bottom portion to your fifth grade child's homeroom teacher or to MMS. In August, final registration and health forms will be sent home. Forms and information are posted on the MMS website <http://mms.milfordk12.org/>.

- Nature's Classroom - October 15-19, 2018 Charlton, MA
- Nature's Classroom - www.naturesclassroom.org Phone 1-800-433-8375
- 6th Grade Teacher Contact - Doreen Danhof - ddanhof@milfordk12.org
Milford Middle School, 33 Osgood Rd, Milford NH 03055 Phone 673-5221 x1403
- Deposit of \$132 - Due March 8
- 2nd Payment \$132 - Due May 24
- 3rd payment \$132 - Due September 13

Monthly payment plan option -
6 payments of \$66 -
March, April, May, June, Aug., Sept.

Financial Notes:

- Final payment may be adjusted depending on the number of participants and group fund-raising efforts.
- Financial assistance is available – please contact Doreen Danhof.
- In the event a student's reservation is canceled after September 13, only a partial refund will be given, due to contractual commitments for transportation and staffing.
- Accounts must be paid by September 13 to hold the student's reservation and avoid late payment fees.



NATURE'S CLASSROOM STUDENT PRE-REGISTRATION FORM

- Please complete and return this portion with your \$132 deposit by **March 8**.
- Preregistration is not complete without payment.
- Make checks payable to Milford Middle School.
- Write student's name on check memo line.
- Return to the 5th grade homeroom teacher or to MMS.

Indicate Payment Type

Cash \$ _____

Check # _____

Student's Name _____

Parent's Name _____

Phone _____ Email _____

_____ I give permission for my child to attend Nature's Classroom.

_____ I do not wish for my child to attend Nature's Classroom;
he/she will remain at MMS with a substitute teacher.

_____ I would be willing to help with fund-raising.

Parent Signature _____

Dads interested in chaperoning - please see the backside.