



FATHER LEONARD VAN TIGHEM, OMI, SCHOOL

25 Stoney Crescent West
Lethbridge, Alberta T1K 6V5
(403) 381-0953 · Fax: (403) 381-0906

Shannon Collier, Principal
Justin Molas & Laurie Campmans, Associate Principals



Oct 7th, 2024

Dear Students and Parents,

On **WEDNESDAY, OCTOBER 16TH** the French cooking class will be visiting the Little Bakehouse to order some French baked goods! The itinerary is as follows:

- ★ 1:35 Bus picks us up at the school.
- ★ 1:50 Arrive at Little Bakehouse and order snack and drink in French
- ★ 2:55 Leave Little Bakehouse
- ★ 3:10 Arrive back at school

There will be NO ADDITIONAL CHARGE for this trip as long as your child's French Cooking fees are paid. Those students with unpaid fees will stay back at the school and will be provided with an alternate activity.

On the day of the trip, please remind your child to dress according to weather conditions. You may wish to send along additional money with your child to purchase other baked goods above and beyond the snack that is being offered. Pricing is available at:
<https://www.littlebakehouse.ca/menus>

If you would like your son/daughter to take part in this activity **THE ATTACHED FORM MUST BE FILLED OUT AND RETURNED NO LATER THAN FRIDAY, OCT 11TH**, as arrangements need to be made in advance of our arrival date. Thank-you and if you have any questions feel free to contact me at johnsonje@holypirit.ab.ca or at the school at 403-381-0953.

Sincerely,

Mrs. Johnson,

I hereby authorize _____ (student) to attend the **THE LITTLE BAKEHOUSE FIELD TRIP**, and I understand and consent to the transportation by bus. I also give consent for supervisors to seek medical treatment if necessary. The supervisors will make every effort to contact parents regarding any emergency as soon as possible. I also give permission to make changes in arrangements for student pick-up from the above activities if necessary.

Parent/Guardian Name (please print) _____

Signature of Parent/Guardian _____

Date _____

Emergency Contact _____

Phone Number _____

Relationship _____

The following is a list of my child's medical conditions (including allergies, conditions requiring medication, etc.) and a list of medication that my child must take and any special instructions regarding medication storage and administration:

Are you interested in being a chaperone on the trip?

☐ YES

☐ NO

If yes, please provide the following information so we can contact you and confirm a spot is available for you on the bus:

Name: _____ Contact #: _____ Email: _____

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