



## ST. PATRICK FINE ARTS ELEMENTARY SCHOOL

80 RIVERGREEN ROAD W. LETHBRIDGE, ALBERTA T1K 7Y1

PHONE: 403-327-4386 www.spfa.holyspirit.ab.ca

Twitter: @spfaschoo #hs4 Instagram/Facebook: @spfaschool

PRINCIPAL – Kathy Jones-Husch ASSOCIATE PRINCIPAL – Carla Ferrari

### UNITING THE ARTS AND GOSPEL VALUES FOR OVER 30 YEARS

June 12, 2026

Dear Families,

On **Monday, June 22, 2026** the Grade 3 classes will go on a field trip to Legacy Spray Park to celebrate the end of the year! The program will involve outdoor activities which include playing in the spray park, playing at the playground and having a lunch picnic. We will be transported to and from the location by bus. The classes will leave at **10:00 a.m.** We will be there from **10:15 to 2:00 pm** and then return to school at approximately 2:15 pm.

Parents are welcome to attend as chaperones (4 per class); however, please note that, unfortunately, siblings are not permitted to participate with us on this field trip due to liability issues.

Your child will require a swimsuit, towel, sunscreen, hat and proper footwear. Extra dry clothes are good, too. Please also send a bagged lunch with extra snacks for the day. The school will provide some snacks for those in need to make sure they have energy. There are washrooms/change rooms on site.

There is no cost for this field trip. Students who don't return their consent by the morning of the trip will stay at the school and receive supervision until the class returns.

Please sign and **return this form** to indicate your consent for your child to attend this trip.

Thank you for your attention to this notice. If you have any concerns or questions, please call us at (403) 327-4386.

Warm Regards,  
Analea Balint & Erica Andrews

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*"Arise, shine, for your light has come, ~~the~~ glory of the Lord has risen upon you." (Isaiah 60:1)*

Learn Activel y

Grow Spiritually

Live Creatively



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## Field Trip Consent Form

I give \_\_\_\_\_ (your child's name) permission to attend the field trip to Legacy Spray Park, June 22, 2026.

**Emergency Phone Number:** \_\_\_\_\_

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

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If the transportation needs should change, I authorize permission for my child.

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

\_\_\_\_\_  
Date

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**I would like to be a parent supervisor on this field trip.**

**Parent name:** \_\_\_\_\_

**Parent emergency contact  
information:** \_\_\_\_\_

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