

# NASHUA CATHOLIC REGIONAL JUNIOR HIGH SCHOOL

(603) 882-7011 | 6 Bartlett Avenue, Nashua, NH | ncrjhs.org

To Believe • To Achieve • To Inspire



## NC BRING-A- 5,6, or 7<sup>TH</sup> GRADE FRIEND TO SCHOOL DAY

Friday, February 22, 2019

Nashua Catholic is offering a special day for our students and their friends who are in grades 5, 6, or 7th! Enjoy a day together and share our Wildcat community spirit!

Nashua Catholic guests will have the opportunity to experience a day at NC, be treated to our pizza lunch, and attend classes with their friends.

We respect all school programs and we ask that we do not invite repeat guests and those friends that visited us with St. Chris or Infant Jesus Schools. For more information check our website or contact Mrs. Kirkwood at [mkirkwood@ncrjhs.net](mailto:mkirkwood@ncrjhs.net)

Name of Nashua Catholic Student \_\_\_\_\_ Grade \_\_\_\_\_

Nashua Catholic Parent/Guardian \_\_\_\_\_

Name of NC Guest \_\_\_\_\_ Age \_\_\_\_\_

Guest's Current School \_\_\_\_\_ Grade \_\_\_\_\_

Guest's Parent/Guardian Name \_\_\_\_\_

Guest's Parent/Guardian Email \_\_\_\_\_

Guest's Parent/Guardian Phone \_\_\_\_\_

Guest's Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

We serve cheese pizza from TJ's Deli for lunch. How many slices would our visitor like? \_\_\_\_\_

We ask that visitors please bring their own lunch with them if food allergies are a concern.

Dress for the day is casual, school appropriate.

For those students interested in bringing a friend on February 22, this completed form and permission form, on back, must be returned to the school office **No Later Than Wednesday, February 20th.**



**Permission Slip<sup>1</sup>**

Please return by: 2/20/2019 \_\_\_\_\_.

I \_\_\_\_\_ hereby give "My Child" \_\_\_\_\_  
 (Parent/Guardian Name) (Child Name)

permission to participate in the "Activity" described below.

Diocese Location	Nashua Catholic Reg. Jr. High School
Activity Description	Bring a Friend Day
Date(s) and Times*	2/22/19 from 8:00 AM to 2:30 PM
Transportation Provided?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Special Instructions, if any	Pizza for lunch or bring your lunch if food allergies warrent
Cost	\$ 0, make check payable to
Volunteers Needed <sup>2</sup>	Yes <input checked="" type="radio"/> No Volunteer Cost: \$

\* If the Activity cannot be held on the Date or Times listed above, I intend for this Permission Form to apply and be effective for any rescheduled Date(s) and Times for the Activity.

I certify that My Child is physically fit and capable of taking part in the Activity.

I give permission for My Child to receive any emergency medical treatment deemed necessary until the Emergency Contact(s) can be notified, and I agree I will assume full responsibility for the payment of such treatment.

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

On the lines below, I have listed any medical condition, physical disability, and medical, food, insect, and other allergy that may be relevant to rendering medical care. Any medication taken during the Activity must be provided in its original container.

\_\_\_\_\_

\_\_\_\_\_

I understand that photographs and videos of My Child may be taken, and I authorize them to be used for publicity.

I understand that staff will use their best efforts to supervise the Activity; however, I agree and acknowledge that the Roman Catholic Bishop of Manchester, a Corporation Sole d/b/a as the Diocese Location and its respective directors, officers, trustees, employees, and volunteers shall not be responsible for bodily injury or loss of or damage to personal property that may result from the Activity.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Volunteers<sup>3</sup>:**

I voluntarily agree to assist with the Activity. I give permission to receive any emergency medical treatment deemed necessary until the Emergency Contact(s) can be notified, and I agree I will assume full responsibility for the payment of such treatment.

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

<sup>1</sup> This Permission Slip is required from minors to participate in a trip (day or overnight) or for minors to volunteer.

<sup>2</sup> Must be age 21 or older to serve as a chaperone.

<sup>3</sup> Volunteers must complete a Volunteer Application and Agreement and fulfill all applicable Safe Environment requirements.