

School Visits: Field Trip Schedule

Teacher: Please make a copy and complete for each chaperone attending (for school use).

Teacher's Name: _____ Teacher's Cell #: _____

Chaperone Name: _____

Students in Group:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Arrival Time: _____

Chaperones not riding the bus should wait in the Welcome Center for further instructions from the teacher or present their chaperone pass at the entry gates to unite with their school group.

Departure Time: _____

Please return to the Group Arrival/Departure hallway 15 minutes prior to scheduled departure time. Museum staff will direct you to the gathering area for your school.

Lunch Time: _____

Please plan to arrive at least 5 minutes early. Gather your group in the Group Arrival/Departure hallway until invited into the lunch area. Lunches last 25 minutes.

Lunch Location: School Groups Area or Food Court

(Teacher, please circle location you were assigned.)

Registered Programs and Shows

The Children's Museum of Indianapolis (Indoor)

Title	Time and Location
_____	_____
_____	_____

Teacher, if your group registered in advance for the Riley Children's Health Sports Legends Experience® and/or Playscape®, please check the appropriate boxes. If not, make sure your chaperones know that their group cannot visit these galleries and areas.

Our school is registered for the Riley Children's Health Sports Legends Experience (Outdoor)

Scheduled Sport Program: _____ Time: _____

Our school is registered for Playscape (Preschool Only)

Scheduled Playscape Program: _____ Time: _____

★ Don't miss . . .

Teacher, if there are exhibits or experiences that you want to be sure all chaperones do with their groups, you can write those here.

For example, "Be sure students go to The Power of Children: Making a Difference® gallery on Level 3" or

"Take students to see the Rube Goldberg ball machine on Level 1."

