

YEAR 3 CAMP

Wednesday 14th – Friday 16th October 2015

MT. EVELYN RECREATION CAMP, MT. EVELYN



Dear Parents,

All Year 3 children will have the opportunity to attend Mt. Evelyn Recreation Camp from Wednesday 14th – Friday 16th October this year. This is an exciting opportunity for the children to explore new skills and learn in a safe and secure environment. Mt. Evelyn Recreation Camp is nestled in the foothills of the Dandenong Ranges and is situated in a natural bushland environment.

Camps are a very important part of our curriculum and it is hoped that all children will attend. Through our camps program we provide a range of opportunities for children to learn new skills in environmental and outdoor education, enhance students' development in social skills and cooperative team work skills and further promote the school values.

Activities making up the program at Mt Evelyn Recreation Camp may include archery, flying fox, bush cooking, sense trails, bike education, initiatives, giant swing, environment walks and yabbing. All activities will be supervised by highly experienced YMCA camp facilitators and AGPS staff. Night activities could include a dusk bush walk with a torch.

Places on the camp can be secured with a \$50.00 deposit forwarded with the reply slip page. The total cost of the camp is **\$280.00 per child**.

Payment can be made in full or by instalments as below:

Initial deposit:	\$50.00	due by Monday 1st June 2015
(along with reply form)		
Instalment 2:	\$80.00	due by Monday 13 th July 2015
Instalment 3:	\$80.00	due by Monday 10 th August 2015
Final Payment:	\$70.00	due by Monday 7 th September 2015
TOTAL:	\$280.00	

You can access further information about this camp at:

<http://www.camps.ymca.org.au/discover/mt-evelyn-recreation-camp.html>

ALL YEAR 3 parents/ guardians are asked to **complete page 2 of this document and return it to school no later than Monday 1st June 2015.**

If you have any questions or concerns please feel free to contact any of the Year 3 teachers.

Regards,

Natalie Brass, Lauren Brodie, Lucy Antonatos

Year 3 Teaching Team

ALL YEAR 3 PARENTS TO COMPLETE THE
RELEVANT PARTS OF THIS REPLY SLIP
AND PLEASE RETURN BY MONDAY 1st JUNE

Year 3 Camp: October 14th – 16th 2015, Mt. Evelyn Recreation Camp

Student's Name: _____ Grade: _____

My / Our child **IS ABLE** to attend the Year 3 Camp 2015

I / We have included a deposit of **\$50.00** CASH CHEQUE (*please tick*)

QKR BPAY Receipt # _____ **OR**

Please debit my (*circle appropriate*) VISA / MASTERCARD Total \$.._____

CREDIT CARD NUMBER: _____

EXPIRY DATE: ___ ___ / ___ ___

Name on Card: _____

Signature: _____

My / Our child **IS UNABLE** to attend the Year 3 Camp 2015.

(Optional:) If possible please provide a brief reason for your child not participating in the camp program:

I / We would like to discuss the camp program with Natalie Brass before deciding on my/our child's attendance.

Parent / Guardian's Name: _____

Parent / Guardian's Signature: _____ Date: _____

Year 3 Camp: Wednesday 14 - Friday 16th October 2015

Mt. Evelyn Recreation Camp, Mt. Evelyn

For your convenience please find below a payment schedule for the final three remaining payments for camp. You may follow this schedule or pay the remainder in one lump sum. If you have already paid the full amount or your child will **NOT BE** attending camp, PLEASE disregard this notice.

Thank you,

Natalie Brass & the Year 3 Teaching Team

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YEAR 3 CAMP - FINAL PAYMENT \$70.00 DUE MONDAY 7th SEPTEMBER 2015

STUDENT'S NAME: _____ CLASS: _____

Enclosed Payment of: **\$70.00** CASH CHEQUE QKR BPAY REC# _____

Please debit my: VISA/MASTERCARD (Circle Appropriate) TOTAL: \$ _____

CREDIT CARD NUMBER _____

EXPIRY DATE: ____ / ____

Name on Card: _____ **Signature:** _____

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YEAR 3 CAMP - INSTALMENT 3 PAYMENT \$80.00 DUE MONDAY 10th AUGUST 2015

STUDENT'S NAME: _____ CLASS: _____

Enclosed Payment of: **\$80.00** CASH CHEQUE QKR BPAY REC# _____

Please debit my: VISA/MASTERCARD (Circle Appropriate) TOTAL: \$ _____

CREDIT CARD NUMBER _____

EXPIRY DATE: ____ / ____

Name on Card: _____ **Signature:** _____

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YEAR 3 CAMP - INSTALMENT 2 PAYMENT \$80.00 DUE MONDAY 13th JULY 2015

STUDENT'S NAME: _____ CLASS: _____

Enclosed Payment of: **\$80.00** CASH CHEQUE QKR BPAY REC# _____

Please debit my: VISA/MASTERCARD (Circle Appropriate) TOTAL: \$ _____

CREDIT CARD NUMBER _____

EXPIRY DATE: ____ / ____

Name on Card: _____ **Signature:** _____



2015 YEAR 3 MT. EVELYN RECREATION CAMP STUDENT MEDICAL FORM

This report is intended to assist the school in case of any medical emergency with your child.
All information is held in confidence.

Child's Name: _____

Date of Birth: ____/____/____. Class: _____

Parent's / Guardian's Full Name _____

Address: _____ Postcode: _____

Emergency Telephone _____ After Hours: _____ Business Hours: _____

Mobile/s _____

Name, Address & Phone of Family Doctor: _____

Medicare No: _____ Ambulance Subscriber No: _____

Medical / Hospital Insurance Fund: _____ Contribution No: _____

Please tick appropriate box if your child suffers any of the following:

Bed wetting Fits of any type Migraine Diabetes

Dizzy spells Sleep walking Asthma Epilepsy

Blackouts Heart condition Travel Sickness

Other Please state: _____

Allergies to:

Penicillin Foods Other drugs Other allergies _____

What special care is recommended?

Tetanus Immunisation: My child **IS** immunized My child **IS NOT** immunized

ANALGESICS: In the event of my child requiring the administration of an analgesic, I HEREBY CONSENT to my child being given the recommended child dosage of Paracetamol Parent Signature: _____

Tablets and Medicines:

All medicines must be handed to the teacher in charge, with your child's name, the dose to be taken and when it should be taken, on the medication slip, which will be distributed the week before camp.

(Medication will be kept in a secure place and distributed as required.)

Please do not allow children to be in possession of any medicine while on the camp.

Previous Experience:

Is this the first time your child has been away from home? YES NO

Special Dietary Considerations:

Are there any special dietary considerations YES NO If so please provide information.

Consent to Medical Attention:

I authorise the teacher in charge of the excursion / tour to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

Signed: _____