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 yabbying. 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:

<table>
<thead>
<tr>
<th>Initial deposit:</th>
<th>$50.00</th>
<th>due by Monday 1st June 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(along with reply form)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instalment 2:</td>
<td>$80.00</td>
<td>due by Monday 13th July 2015</td>
</tr>
<tr>
<td>Instalment 3:</td>
<td>$80.00</td>
<td>due by Monday 10th August 2015</td>
</tr>
<tr>
<td>Final Payment:</td>
<td>$70.00</td>
<td>due by Monday 7th September 2015</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>$280.00</strong></td>
<td></td>
</tr>
</tbody>
</table>

You can access further information about this camp at:

**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**

<table>
<thead>
<tr>
<th>Student’s Name: ____________________________</th>
<th>Grade: ________</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ My / Our child <strong>IS ABLE</strong> to attend the Year 3 Camp 2015</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Parent / Guardian’s Name: ____________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent / Guardian's Signature: _________________________</td>
</tr>
</tbody>
</table>
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

ALGESICS: 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 you 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: ________________________________