Dear Parents,

All Year 4 children will have the opportunity to attend Camp Manyung from Wednesday 19th to Friday 21st October this year. Camp Manyung is on the Mornington Peninsula at Mt Eliza situated on a magnificent coastal property with breathtaking views across Port Phillip Bay and surrounding areas. This is an exciting opportunity for the children to explore new skills and learn in a safe and secure beach 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 Camp Manyung may include archery, flying fox, snorkelling, rock pool rambles, beach carnivals, bike education, initiatives, giant swing and coastal environment walks. All activities will be supervised by highly experienced YMCA camp facilitators and AGPS staff. Night activities could include a bush walk with a torch, trivia questions and/or a disco.

Please send a $60.00 deposit, forwarded with the reply slip, to confirm your child’s attendance.

Initial deposit: $60.00 due by Monday 18th July 2016 (along with reply slip attached)
Instalment 2: $80.00 due by Monday 1st August 2016
Instalment 3: $80.00 due by Monday 22nd August 2016
Instalment 4: $75.00 due by Monday 12th September 2016

THE TOTAL COST OF THIS CAMP IS $295.00

You can access further information about this camp at campmanyung@ymca.org.au

ALL YEAR 4 parents/ guardians must complete the MEDICAL slip attached and return it to school by Monday 12th September, 2016.

If you have any questions or concerns please feel free to contact any of the Year 4 teachers.

Regards,

Rachel Leahy, Ross Graham, Laura Steen

Year 4 Teaching Team
ALL YEAR 4 PARENTS TO COMPLETE THE RELEVANT PARTS OF THIS REPLY SLIP AND PLEASE RETURN BY MONDAY 18th JULY 2016

Year 4 Camp: Wednesday 19th – Friday 21st October 2016, Camp Manyung, Mt Eliza

Student Name:_________________________________________________________ Class:__________

☐ My / Our child IS ABLE to attend the Year 4 camp 2016

☐ I / We have included a deposit of $60.00 ☐ Cash ☐ Cheque (please tick)

☐ BPAY Receipt number_____________________________________

☐ QKR

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 4 camp 2016.

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

Parent / Guardian Name: ________________________________________________

Parent / Guardian Signature: ___________________________ Date:______________

☐ I / We would like to discuss the camp program with my child’s teacher before deciding on my/our child’s attendance.

Parent / Guardian Name: ________________________________________________

Parent / Guardian Signature: ___________________________ Date:______________
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,
Rachel Leahy, Ross Graham, Laura Steen

Year 4 Teaching Team

---------------------------------------------

YEAR 4 CAMP - FINAL PAYMENT $75.00         DUE Monday 12th September 2016

STUDENT’S NAME: ___________________________ CLASS: ________

Enclosed Payment of: $75.00 □ CASH □ CHEQUE □ BPAY REC#___________

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

CREDIT CARD NUMBER __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

EXPIRY DATE: ___ ___ / ___ ___

Name on Card: ___________________________ Signature: ______________

---------------------------------------------

YEAR 4 CAMP - INSTALMENT 3 PAYMENT $80.00         DUE Monday 22nd August 2016

STUDENT’S NAME: ___________________________ CLASS: ________

Enclosed Payment of: $80.00 □ CASH □ CHEQUE □ BPAY REC#___________

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

CREDIT CARD NUMBER __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

EXPIRY DATE: ___ ___ / ___ ___

Name on Card: ___________________________ Signature: ______________

---------------------------------------------

YEAR 4 CAMP - INSTALMENT 2 PAYMENT $80.00         DUE Monday 1st August 2016

STUDENT’S NAME: ___________________________ CLASS: ________

Enclosed Payment of: $80.00 □ CASH □ CHEQUE □ BPAY REC#___________

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

CREDIT CARD NUMBER __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

EXPIRY DATE: ___ ___ / ___ ___

Name on Card: ___________________________ Signature: ______________
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

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: ____________________________________________  Date: __________________________