Dear Parents,

All Year 3 children will have the opportunity to attend Mt. Evelyn Recreation Camp from Wednesday 12th - Friday 14th 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 teamwork skills and further promote the school attitudes.

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.

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 $265.00 per child.

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

Initial deposit: $50.00 due by Monday 18th July 2016 (along with reply slip attached)
Instalment 2: $70.00 due by Monday 1st August 2016
Instalment 3: $70.00 due by Monday 22nd August 2016
Instalment 4: $75.00 due by Monday 12th September 2016
TOTAL: $265.00

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 18th July, 2016.

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

Regards,

Diana Anagnostou, Chris Taylor, Melissa Taylor, Alex Taylor

Year 3 Teaching Team
Student Name:__________________________________________ Class:___________

☐ My / Our child IS ABLE to attend the 2016 Year 3 Camp.

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

☐ 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 2016 Year 3 Camp.

(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 my/our 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,

Year 3 Teaching Team

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<tr>
<th>YEAR 3 CAMP - FINAL PAYMENT $75.00</th>
<th>DUE MONDAY 12th SEPTEMBER 2016</th>
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<tbody>
<tr>
<td>STUDENT’S NAME:</td>
<td>GRADE: ____________</td>
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<td>Enclosed Payment of: $75.00</td>
<td>CASH □ CHEQUE □ QKR □ BPAY REC#</td>
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Please debit my: VISA/MASTERCARD (Circle Appropriate) TOTAL: $___________

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<tr>
<th>YEAR 3 CAMP - INSTALMENT 3 PAYMENT $70.00</th>
<th>DUE MONDAY 22nd AUGUST 2016</th>
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<tbody>
<tr>
<td>STUDENT’S NAME:</td>
<td>GRADE: ____________</td>
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<td>Enclosed Payment of: $70.00</td>
<td>CASH □ CHEQUE □ QKR □ BPAY REC#</td>
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Please debit my: VISA/MASTERCARD (Circle Appropriate) TOTAL: $___________

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<tr>
<th>YEAR 3 CAMP - INSTALMENT 2 PAYMENT $70.00</th>
<th>DUE MONDAY 1st AUGUST 2016</th>
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<tr>
<td>STUDENT’S NAME:</td>
<td>GRADE: ____________</td>
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<tr>
<td>Enclosed Payment of: $70.00</td>
<td>CASH □ CHEQUE □ QKR □ BPAY REC#</td>
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Please debit my: VISA/MASTERCARD (Circle Appropriate) TOTAL: $___________

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Child’s Name: _____________________________________________________________________

Date of Birth: _______/_____/_____. Grade: ______________

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: ____________________________ Date: ____________________________