



YEAR 3 CAMP

Wednesday 18th - Friday 20th October, 2017

MT. EVELYN RECREATION CAMP, MT. EVELYN

Dear Parents,

All Year 3 children will have the opportunity to attend Mt. Evelyn Recreation Camp from Wednesday 18th– Friday 20th 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 yabbing. All activities will be supervised by highly experienced YMCA camp facilitators and AGPS staff.

Places on the camp can be secured with a **\$75.00** deposit forwarded with the reply slip page. The total cost of the camp is **\$275.00 per child**.

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

Initial deposit:	\$75.00	due by Friday 28 th July 2017 (along with reply slip attached)
Instalment 2:	\$75.00	due by Friday 18 th August 2017
Instalment 3:	\$75.00	due by Friday 1 st September 2017
Instalment 4:	\$50.00	due by Friday 15 th September 2017
TOTAL:	\$275.00	

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 Friday 28th July, 2017.**

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

Regards,

Chris Taylor, Diana Anagnostou, Lisa Perkins, Kira Fischer, Kylie Butcher

Year 3 Teaching Team

ALL YEAR 3 PARENTS TO COMPLETE THE
RELEVANT PARTS OF THIS REPLY SLIP
AND PLEASE RETURN BY FRIDAY 28th JULY, 2017

Year 3 Camp: October 18th – 20th 2017, Mt. Evelyn Recreation Camp

Student Name: _____ Class: _____

My / Our child **IS ABLE** to attend the 2017 Year 3 Camp.

I / We have included a deposit of **\$75.00** 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 2017 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: _____

Year 3 Camp: Wednesday 18th - Friday 20th October, 2017

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,

Year 3 Teaching Team

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YEAR 3 CAMP - FINAL PAYMENT \$50.00

DUE FRIDAY 15th SEPTEMBER 2017

STUDENT'S NAME: _____ GRADE: _____

Enclosed Payment of: **\$50.00** 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 \$75.00

DUE FRIDAY 1st SEPTEMBER 2017

STUDENT'S NAME: _____ GRADE: _____

Enclosed Payment of: **\$75.00** 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 \$75.00

DUE FRIDAY 18th AUGUST 2017

STUDENT'S NAME: _____ GRADE: _____

Enclosed Payment of: **\$75.00** CASH CHEQUE QKR BPAY REC# _____

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

CREDIT CARD NUMBER _____

EXPIRY DATE: ____ / ____

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



2017 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: ____/____/____. 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: _____