

5/6 Camp Cooba 2018

13 February 2018

Dear Parents/Carers,

The following details relate to an educational excursion to Camp Cooba Sport and Education Centre which is being organised for 5/6 students in 2018.

Details of the excursion are as follows:

Date:	Wednesday 4 April- Friday 6 April
Time:	Depart Ngunnawal Primary 8am, Wednesday 4 April 2018. (Please ensure your child is at school by 7:45am on the Wednesday at the latest.) Arrive back at Ngunnawal Primary 3:45pm Friday 6 April 2018.
Destination:	Cooba Sport and Education Centre
Cost:	A payment is required to cover the costs of this optional enrichment activity. Due to the limited spaces available for this camp, permission note and non-refundable \$50 deposit NEEDS TO BE RETURNED BY: Tuesday 6 March 2018 unless all places have already been secured prior to this date. **A non- refundable deposit of \$50 needs to be made by Tuesday 6 March 2018 to guarantee your child a place in this excursion.** Total Cost - \$315 due Thursday 29 March, 2018 This cost covers all expenses, including all meals, accommodation, coach transport and all activities. The payment can be made in one payment or in multiple installments. If you are experiencing financial difficulties or would like to set up a payment plan, please make an appointment with Kirralee or Kristine to discuss your options.
Travel:	Private Cooba coach
Accommodation:	Rooms hold up to 10 students.
Day 1 Lunch arrangements:	Students will need to bring a packed recess, lunch and afternoon tea for the first day.
Activities:	Students will have the opportunity to participate in a number of outdoor, recreational and sporting activities which could include big swing, archery, gladiator challenge, team initiatives and the flying fox. All activities will be appropriately supervised at all times.
Teachers:	5/6 Teaching Staff

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Total Cost for camp due Thursday 29 March, 2018

A payment is required to cover the costs of this optional enrichment activity. The school is unable to cover the costs of students attending camp. The payment can be made in one payment or in multiple installments. If you are experiencing financial difficulties or would like to organise a payment plan please make an appointment with Kristine or Kirralee to discuss your options. These payment plans are kept confidential.

The co-coordinating teachers are Will Powell and Eloise Eldridge. The staff will be carrying a mobile phone to be used if needed for contact with the group, or for calling assistance in an emergency. The staff will also carry a First Aid Kit.

Unacceptable behaviour will be treated as it is normally treated at school, (Thinking table at a designated place or exclusion from an activity). Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities.

Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, willful or disobedient behaviour. Parents should also be aware that no automatic insurance is provided by the ACT Government in respect of injuries to students, non-enrolled children or yourselves should an injury occur on an excursion. You may wish to consider taking out personal insurance cover for yourself and/or for students and non-enrolled children accompanying the excursion.

Dietary requirements

Please complete the form regarding your child's dietary requirements, for example vegetarian or allergies etc. This information will help us ensure all meals are appropriate for your child.

The permission note, medical note and dietary requirements form are attached. This should be completed and returned to the school by **Tuesday 6 March 2018** to ensure all dietary requirements are organised and your child a place in the excursion, unless all places have been secured prior to this date.

Further information such as a suggested packing list will be sent home closer to the departure date.

We trust that this information will assist you in preparing your child for camp and will assist us in running a fun, safe and happy event.

If you have any further questions please contact your child's teacher.

Kind regards,

Eloise, Gina, Kellie, Kris, Laura, Lucy, Mark, Sarah and Will

PERMISSION SLIP – EXCURSION TO COOBA SPORT AND EDUCATION CENTRE
Wednesday 4 April – Friday 6 April 2018

- I have discussed with my child the need for sensible behaviour on this excursion.
- I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the costs associated with any emergency arrangements made by the school. I agree to provide to the school any medical information relevant to this excursion. Free ambulance transportation only applies in the ACT
- I agree that my child will be under the authority of the school for the duration of the excursion.
- I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.
- I have read the attached information regarding this excursion and understand what it contains.
- I understand that individual records of contributions are confidential.

I hereby give permission for my child _____ of Class _____ to attend the excursion to *Cooba Sport and Education Centre* leaving Ngunnawal Primary School at **8:00am Wednesday 4 April** and to return by **3:45pm Friday 6 April 2018** travelling by coach.

I enclose \$..... Cash Cheque Quickweb (Visa/Mastercard) Direct Payment

Instalment Payment number(1,2,3....)

Quick Web Payments – www.ngunnawalps.act.edu.au/payment

Fee Code: **18CAMP**

Direct Payment details:

Account - Ngunnawal Primary School **BSB** 032777 **A/c Number** 001738

Reference on direct deposit required i.e. **child's name** M. Bloggs **Class** 1CD

In case of an emergency during the camp:

Contact name: _____

Contact phone number: _____

Full name of parent/ carer (please print): _____

Signature of parent/ carer: _____ DATE: _____

Dietary Requirements

Please indicate below any special requirements concerning food for your child, for example, allergies, vegetarian etc.

My child does not have any dietary requirements.

My child has some dietary requirements as indicated in the box below.

Student Name: _____ class: _____

Parent/carers signature: _____ Date: _____

Please also return the attached medical note with this permission note.

These payment slips are to assist you if you would like to pay in instalments. If you require more slips please don't hesitate to contact the front office.

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