

36 Solomon St, Mount Waverley, VIC, 3149 T: (03) 9807 8120 F: (03) 9888 1921 E: mountwaverley.heights.ps@edumail.vic.gov.au W: www.mountwaverleyheightsps.vic.edu.au

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Friday 24th March 2017

Dear Parents,

2017 Grade 5/6 Camp Canberra

As part of our curriculum focus the 5/6 students will be visiting Canberra. This camp covers many aspects of our curriculum including, Civics and Citizenship, specifically the parliamentary system.

Dates of Camp: Monday 26th of June to Friday 30th of June.

The program, over the five days, has been prepared for us by GET based on our inquiry unit for Term 2 'Government, Got it? Get it? Good.' which focuses primarily on the parliamentary system. This camp will include many day trips. Included in this camp is a visit to Parliament House, the Royal Australian Mint, the Australian Institute of Sport, and the Australian War Museum. Whilst this is not an extensive list, Canberra will offer our students many exciting opportunities to see their studies in action.

Attached is a medical form which should be returned to school with the deposit on Tuesday the 18th of April

The total cost for camp is \$570. This cost is inclusive of the \$30 PACER rebate per student. The \$200 deposit is required by Tuesday the 18th of April. The deposit must be paid by the due date so we can finalise staffing and booking arrangements with three further payments to follow.

Costing's are based on 35 students attending. If numbers fall below this a new updated payment schedule will be sent out as soon as possible. We do require a certain number of students to attend camp in order for the camp to go ahead. If there are any changes to our plans you will be notified as soon as possible.

Payment details:

5/6 Camp co-ordinator

	Deposit of \$200.00 due Tuesday the 18th of April
	Payment 1 of \$100.00 due Tuesday the 2 nd of May
	Payment 2 of \$120.00 due Tuesday the 16 th of May
	Payment 3 of \$150.00 due Tuesday the 30 th of May
•	you would prefer to pay the total cost of \$570 in a lump sum you could also do so by <u>Tuesday 18th of</u> <u>ril</u> . Please return the medical form along with your first/full payment.
	nd regards, dsay Hannah



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Payment 3 – Year 5/6 Canberra Camp 2017 – <u>DUE Tuesday 30th of May 2017</u>

Please find payment of \$	150 included as the fourth an	I final payment for the Year 5/6 camp	to Canberra
Student name:		Class:	
Enclosed payment of \$150 Cash	n/Cheque/EFTPOS details (fill	n slip below if needed)	
Parent/Guardian name:		Signature:	
EFTPOS Payment Form – Mo	unt Waverley Heights Primar	School Payment for: Year 5/6 Ca	nberra Camp 2017
<u>Debit My</u> :	□Mastercard	□Visa	
Amount: \$		Card Expires:/	
Name:		gnature:	
	t of \$120 included as the thire	payment for the Year 5/6 camp to C Class:	
Enclosed payment of \$120 Casl	n/Cheque/EFTPOS details (fill	n slip below if needed)	
Parent/Guardian name:		Signature:	
EFTPOS Payment Form – Mour	nt Waverley Heights Primary	chool Payment for: Year 5/6 Cank	perra Camp 2017
<u>Debit My</u> :	□Mastercard	□Visa	
Amount: \$		Card Expires: /	
Name:	Się	nature:	



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Payment 1 – Year 5/6 Canberra Camp 2017 – <u>DUE Tuesday 2nd of May 2017</u>

Please find payment of \$100 included as the second payment for the Year 5/6 camp to Canberra			
Student name:	Class:		
Enclosed payment of \$100 cash/Cheque/EFTPOS details (fill in sli	p below if needed)		
Parent/Guardian name:	Signature:		
EFTPOS Payment Form – Mount Waverley Heights Primary Sci	nool Payment for: Year 5/6 Canberra Camp 2017		
<u>Debit My</u> : ☐Mastercard	□Visa		
Amount: \$	Card Expires: / /		
Name: Sign	ature:		
			
Deposit – Year 5/6 Canberra Camp 2017 – Please find payment of \$200 included as the first pay			
Student name:	Class:		
Enclosed payment of \$200 Cash/Cheque/EFTPOS details (fill in sl	ip below if needed)		
Parent/Guardian name:	Signature:		
EFTPOS Payment Form – Mount Waverley Heights Primary Sci	nool Payment for: Year 5/6 Canberra Camp 2017		
<u>Debit My</u> : ☐Mastercard	□Visa		
Amount: \$	Card Expires: / /		
Name: Sign	ature:		



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Permission to Attend Canberra Camp 2017

Grade 5/6 Camp to Canberra Monday 26th June – Friday 30th June 2016

I have read all of the above information particles any attached material.	rovided by the school in relation to the Canberra Camp, including
I give permission for my daughter/son	(full name) to attend.
If needed, I/We are willing to collect my c	hild from camp (for medical/behaviour reasons).
I/We give my/our permission for the teach deemed necessary should the teacher be	ner in charge to arrange for such medical attention as may be unable to contact me/us.
Parent/guardian:	(full name)
	(signature) (date)
In case of emergency I can be contacted o	n:
×	
<u>OR</u>	
Permission to A	Attend Canberra Camp 2017
Grade	e 5/6 Camp to Canberra
Mondsay 26	th June – Friday 30 th June 2017
(Please return this permiss	sion form on/before Tuesday 21st of February)
My child:Canberra 2017.	will not be attending the Grade 5/6 Camp to
Parent's signature:	Date:

Please ensure your child returns this form to their classroom teacher, not the office.



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DEPARTMENT OF EDUCATION MOUNT WAVERLEY HEIGHTS PRIMARY SCHOOL Canberra Camp 26th June- 30th June 2017 Confidential Medical Information for School Council approved School Excursions

(Please complete and return with deposit on Tuesday 18th of April, 2017)

This information 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:		School Year:			
Parent's/Guardian's F	ull Name:				
Address:					
Postcode:					
Telephone Contact De	etails:				
After Hours:		Business Hours:			
Mobile:					
Name and Address of	Family Doctor:				
Medicare No:					
Medical/Hospital Insu	urance Fund:	Contribution No:			
Ambulance member i	number:				
Conditions:					
Please tick if your chi	ld suffers any of the following condi	tions:			
☐ Bed wetting	☐ Fits of any type	☐ Heart condition	☐ Asthma		
☐ Diabetes	☐ Dizzy spells	☐ Sleepwalking			
☐ Blackouts		☐ Travel sickness			
Other					
What special care is r	recommended for the above condition	ons?			
Allergies:					
Please tick if your chi	ild suffers from an allergy to any of t Penicillin	he following:			
	Other Drugs (please specify):				
	Any foods (please specify):				
	Any foods (please specify):				



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	nild has any special dietary require require required to provide food for		neet special dietary requireme	ents-depending on
			n is normally given at five year	rs of age [as Triple
	sently taking tablets and/or n		please circle)	
f my child require dosage on the pa Please note: if yo	ackage: YES/NO (please circle	e) vide your child with	sion for the teacher to adminis their own Panadol, to be give sage requirements etc.	-
All conta (These wIf it is ne	iners must be labelled with y vill be kept in the first-aid cer cessary or appropriate for yo lin for diabetes) it must be w	your child's name, that ntre and distributed our child to carry the	aid prior to camp departure: ne dose to be taken and when as required). eir own medication (for examp and approval of both the teach	le, asthma puffers
Previous Experie	ence me your child has been away	y from home? YES	6/NO (please circle)	
Where the teach I authorise the te consent practitio	eacher in charge to: to my child receiving such me ner	is unable to contac	e - 30 th June 2017) t me, or it is otherwise impractention as may be deemed necessary	cessary by a medical
	ent/Guardian:		Pate:	
Note	e: Parents/guardians should pr	ovide written approval	ed for all students attending school of prior to their child taking part in any n charge of the camp to be aw	excursion.