26th November, 2020

END OF YEAR CELEBRATION DAY

INFLATABLE LAND

FOLLOWED BY A PICNIC LUNCH AND WATER PLAY

Thursday, 17th December, 2020

Dear Prep Parents/Guardians,

As part of celebrating the year we have shared with your children, we have planned a very special day. We will be going to Inflatable Land in Mornington, followed by a picnic lunch and water play back at school.

The cost of the excursion is $33.00 and is included in the excursion levy. Please note that no refunds can be given.

Students will need to be at school at normal time as the bus will depart at 9:30am. We will be returning to school at approximately 12:30pm.

Please bring a drink bottle and snack in a disposable plastic bag, clearly named. Your child will need to wear full school uniform.

For our fun afternoon of water play your child can bring along buckets, water pistols, etc (no water balloons). This activity will be at the end of the day and it's highly likely your child will get wet. We suggest you have a towel in the car or if you would like your child to change into dry clothes please send extra along.

Please return form and payment by Wednesday, 2nd December – no late forms or payments can be accepted.

KATHERINE DALTON, LINDA GOLDING AND HELEN FERGUSON

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PREP END OF YEAR CELEBRATION DAY

Please return to your Classroom teacher by Wednesday, 2nd December, 2020

No late forms or payments can be accepted.

My child …… in Grade Prep …… has my permission to attend the Prep Excursion: End of Year Celebration to Inflatable Land.

☐ I enclose $33 for full payment ☐ I have paid the excursion levy

Please choose which lunch your child would like:

☐ Fish & chips ☐ 5 nuggets & chips ☐ Tomato sauce ☐ Tartare sauce

Medical Condition details: Please tick if your child suffers with the following Medical Conditions:-

☐ Asthma ☐ Allergies (please specify) ……

☐ Other ……

I authorise the teacher in charge to consent where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary. I accept all operation, blood transfusions, and/or anaesthetic risks involved and the responsibility for payment of any expenses thus incurred.

Credit Card Payment

Card Account No. ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry Date: ☐☐ / ☐☐ **Signature:……**

Name …… Telephone No……

Please charge my:

☐ Master Card

☐ Visa

Amount: $……

Parent/Guardian's Name: …… Signature: ……

Contact telephone number for excursion day: ……