

27th November, 2020

Enchanted Adventure Garden (Tree Surfing) Grade 2 – Friday, 11th December, 2020



Dear Parents/Guardians,

At the end of the year we like to take our children on an 'Adventure Fun Day' to celebrate the end of their time in Grade 2. This year we are going to 'The Enchanted Adventure Garden' at Arthurs Seat, to celebrate a rather unique year!

The children will participate in tree surfing, exploring mazes, bush adventure scramble and tube sliding. There are 2 tree surfing courses – one is a Nippers course for children under 135cms and the other course is a Grand course for children over 135cms. They will participate in the appropriate course.

We will be travelling by bus **and leaving school at approximately 8:30am (students need to be at school at 8:00am please) and will be returning to school by 3:30pm.**

The students will need – playlunch, lunch and drinks for the day in separate bags. **Students must wear a school t-shirt, shorts, runners and school hat. Please note, skorts are not appropriate for this activity, so if your child does not own school shorts, they may wear other appropriate shorts.** Please apply sunscreen in the morning. Please note also that due to Covid no parent helpers are permitted to attend.

The cost of this excursion is \$48.00. (Please note this is covered by the Excursion Levy). Please return the **2 permission forms** and payment by Friday, 4th December, 2020. We apologise for the short time frame but unfortunately no late payments or forms can be accepted and no refunds given.

Thank you so much!

Kind regards,
GRADE 2 TEACHERS

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(Please return permission forms and payment by Friday, 4th December, 2020)
No late forms or payments can be accepted

My child Grade.....has my permission to attend the Enchanted Adventure Garden excursion on Friday, 11th December, 2020.

- I enclose \$48.00 for full payment
- I have paid the excursion levy

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 operations, blood transfusions and/or anaesthetic risks involved and the responsibility for payment of any expenses thus incurred.

Name and phone no. during the day: ☎:

Parent / Guardian's signature: Date:

Medical Condition details:

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

- Asthma
- Allergies (please specify)
- Other

Credit Card Payment

Card Account No.

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Please charge my:

- Master Card
- Visa

Expiry Date: /

Signature:.....

Name Telephone No.....

Amount: \$48.00