

# KINDERGARTEN NATIONAL ZOO & AQUARIUM EXCURSION



<b>COST</b>	\$23.00	<b>Covers:</b>	Travel	X	Entry	X	Program	X	Other	
NOTE: Excursions are an optional enrichment activity and parents are expected to cover the costs incurred. If your child is not able to attend on the day, refunds may not be available for some or all of the costs.										
<b>DEPARTURE DATE</b>	Thursday, 10 December 2020				<b>DEPARTURE TIME</b>	9:30 AM				
<b>RETURN DATE</b>	Thursday, 10 December 2020				<b>RETURN TIME</b>	2:30 PM				
<b>EVENT LOCATION</b>	National Zoo & Aquarium Lady Denman Drive, Weston Creek									
<b>MODE OF TRANSPORT</b>	Chartered Coach									
<b>PURPOSE</b>	As part of our Science unit 'Living Things', the students will be visiting The National Zoo and Aquarium.									
<b>TEACHER IN CHARGE</b>	Janine Collins									
<b>EQUIPMENT NEEDED</b>	Full school uniform, hat, sunscreen, water bottle, recess and lunch									
<b>CONTACT NUMBER</b>	6142 3030									

**FORM DUE TO FRONT OFFICE by 3:30pm on Thursday, 3 December 2020**

CHILDREN WHO HAVE NOT RETURNED A SIGNED PERMISSION FORM WILL NOT ATTEND.

## KINDERGARTEN NATIONAL ZOO & AQUARIUM EXCURSION - PERMISSION NOTE

I consent to my child (name) \_\_\_\_\_ in (class) \_\_\_\_\_ to attend/not attend (please circle) the Kindergarten National Zoo & Aquarium Excursion on Thursday, 10 December 2020.

I (parent name) \_\_\_\_\_ have paid the amount of \$23.00 by:

<input type="checkbox"/>	<b>CREDIT CARD</b> (Westpac Quickweb)	<input type="checkbox"/>	<b>CASH</b>	<input type="checkbox"/>	<b>CHEQUE</b>	<input type="checkbox"/>
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**Credit Card:** Use PAYMENTS tab on school website home page  
**FEE CODE: KINZOO**

The school has an **Excursion Medical Information and Consent Form** on file. Please provide details of **any current medical requirements** and/or other needs of the child relevant to this excursion.

I have read all the information provided in regards to this excursion and understand its contents:

**Name of Parent:** \_\_\_\_\_ **Emergency Contact Number:** \_\_\_\_\_

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<input type="checkbox"/>	<b>STUDENT KEY</b>	<input type="checkbox"/>	<b>FAMILY KEY</b>	<input type="checkbox"/>
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*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. A risk assessment for this activity has been completed and is available to view upon request.*

*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, wilful or disobedient behaviour.*

*The school has made every effort to keep costs for this activity at a reasonable level. Financial assistance may be available to assist families who are not able to make the requested contribution. Please contact the Business Manager. If however there is insufficient total funding available to meet the cost of the excursion, regrettably we may not be able to proceed.*

*The teacher in charge will make arrangements for the welfare of the student (including medical or surgical treatment) in an emergency. The costs associated with any emergency arrangement made by the teacher in charge will be met by the parents/guardians (free ambulance transportation only applies in the ACT).*

*The student will be under the authority of the school for the duration of the excursion and that the teacher in charge is authorised to return the student to the school at the expense of the parent/guardian if the teacher in charge considers that circumstances warrant such action and after contacting the parent.*

**IF MEDICAL INFORMATION HAS CHANGED PLEASE PROVIDE AN UPDATED** Excursion Medical Information and Consent Form **TO THE SCHOOL** (available for download from the school website or from the Front Office).