

2021 ARANDA BEGINNER UKULELE CLUB (Year 1,2 and 3)



COST	\$5	Covers:	Travel		Entry		Program	X	Other	X
STARTING DATE	Wednesday, 17 February 2021				STARTING TIME	8:30 AM				
END DATE	Wednesday, 1 December 2021				FINISHING TIME	9:00 AM				
EVENT LOCATION	1CW Classroom									
TEACHER IN CHARGE	Chris Wark									
INSTRUMENT	Need to bring own Ukulele and Tuner									
EQUIPMENT NEEDED	Sturdy display folder.									
EXTRA INFORMATION	<p>Photographs may be taken by outside sources for promotional purposes when choir is performing outside of school.</p> <p>\$5 is to cover purchase cost of sheet music and resources. This Club is for year 1, 2 and 3 students. This group is capped at 15 students. All notes received after the first 15 will be added to a waiting list.</p> <p>Please join the See-Saw class for the Aranda Senior Ukulele Club as this will provide you with any information regarding announcements and cancellations notification.</p>									
CONTACT NUMBER	6142 3030									

FORM DUE TO FRONT OFFICE by 3:30pm on Monday, 15 February 2021

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

2021 ARANDA SENIOR UKULELE CLUB - PERMISSION NOTE

I consent to my child (name) _____ in (class) _____ to attend/not attend (please circle) the 2021 Aranda Junior Ukulele Club. My child has not previously attended Ukulele Club at Aranda Primary School.

I (parent name) _____ have paid the amount of \$5 by:

<input type="checkbox"/>	CREDIT CARD (Westpac Quickweb)	<input type="checkbox"/>	CASH	<input type="checkbox"/>	CHEQUE	<input type="checkbox"/>
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Bank Transfer: Aranda Primary School Management Account BSB 032-777 Account 000997

Credit Card: Use PAYMENTS tab on school website home page

FEE CODE: UKULE

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:** ____ / ____ / ____

STUDENT KEY	<input type="checkbox"/>	FAMILY KEY	<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).