

YEAR 3 CAMP 2023 BIRRIGAI



ACT
Government
Education

COST	\$182	Covers:	Travel	X	Entry	X	Program	X	Other	X
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.										
DEPARTURE DATE	Monday, 27 February 2023				MEETING TIME	8:30 AM in school hall				
RETURN DATE	Tuesday, 28 February 2023				RETURN TIME	3:00 PM at front of school				
EVENT LOCATION	Birrigai, 142 Tidbinbilla Road, Paddy's River ACT									
MODE OF TRANSPORT	Deane's Chartered Coach									
PURPOSE	To provide opportunities to develop confidence, cooperation, teamwork, and leadership skills									
TEACHER IN CHARGE	Year 3 Team									
ADDITIONAL INFORMATION	Further information regarding camp is attached									
CONTACT NUMBER	6142 3030									

PAYMENT & FORMS DUE TO FRONT OFFICE by 3:30pm on Friday, 10 February 2023

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

YEAR 3 CAMP – BIRRIGAI 2023 – PAYMENT ADVICE

I consent to my child (name) _____ in (class) _____ to attend/not attend
(please circle) Year 3 Camp – Birrigai 2023.

I (parent name) _____ have paid the amount of \$182 by:

<input type="checkbox"/>	CREDIT CARD (Westpac Quickweb)	<input type="checkbox"/>	CASH	<input type="checkbox"/>	CHEQUE	<input type="checkbox"/>
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Credit Card: Use PAYMENTS tab on school website home page
FEE CODE: Y3CAMP

DIETRY REQUIREMENTS:

Does your child have any Dietary Requirements? Please circle one of the following options:

NO **YES**

If **YES**, please provide details below:

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

Name of Parent: _____ **Emergency Contact Number:** _____

Signature of Parent: _____ **Date:** ____/____/____

STUDENT KEY		FAMILY KEY	
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I agree to my child participating in the activities associated with this excursion mentioned previously. I have discussed with my child the need for expected behaviour on this excursion. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided to the school all medical information relevant to my child attending this excursion.

I agree that my child will be under the authority of the school for the duration of the excursion and that the school is authorised to return my child to school or home at my expense if the school considers that circumstances warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.

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).