

24/11/17

PREP END OF YEAR CELEBRATIONS



Dear Parents/Guardians,

As part of our end of year celebrations, the Preps will be heading to Chelsea Bicentennial Park and Playground on Wednesday the 13th of December for a picnic and play in the park. Families are encouraged to meet us at the park and join in this fun day of celebrating all that we have achieved this year.

On Wednesday 20th of December, we will be hosting our Prep end of year lunch, we will be providing a hot lunch including party pies and sausage rolls. The students will be making fruit rockets. They will be provided with a drink and an icy pole. Students will also receive a bag to decorate as a 'warm fuzzy bag' to collect any Christmas cards or craft received by their friends throughout December. This is an in class celebration and we will not require any parent assistance. Total cost for both activities is \$20.00.

Table with 3 columns: WHEN, WHERE, WEAR/BRING, TIME, TRANSPORT, and Cost. Details include date (Wednesday 13th December 2017), location (Chelsea Bicentennial Park), and cost (\$10 included in 2017 Excursion Levy).

Table with 2 columns: WHEN, COST. Details include date (Wednesday 20th December 11:30-1:30pm) and cost (\$10 included in 2017 Excursion Levy).

Miss Johanne Abbott, Miss Emily Tapper and Miss Leah Ryan.

Please sign and return the following permission form (and payment if required), to your child's classroom teacher before Friday 8th December. LATE PERMISSION FORMS / PAYMENTS WILL NOT BE ACCEPTED

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I give permission for my child _____ of Grade _____ to travel by bus to and from Chelsea Bicentennial Park on Wednesday 13th December 2017.

- I enclose payment, CASH / CHEQUE / CREDIT CARD of \$20.00 to cover the cost of this excursion and incursion.
I have already paid \$20 as part of the 2017 excursion levy.

I authorise the teachers in charge of the excursion to consent, where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary and understand that the Department of Education and Training (DET) does not provide personal accident insurance to students.

Parent Name: _____ Signature _____

Contact Phone Numbers _____

CREDIT CARD PAYMENT AUTHORITY - MasterCard or Visa only
DO NOT COMPLETE FOR A DEBIT / EFTPOS CARD - TAKE CARD IN PERSON TO GENERAL OFFICE FOR PROCESSING

Student Name: _____ Grade: _____

Cardholders Name: _____ (Please print clearly)

Signature: _____ Date: _____

Card Expiry Date: ____/____ Amount \$ 20.00 (For APPS PREP END OF YEAR CELEBRATIONS)

Card number

Grid of boxes for entering the 16-digit card number.