ROSES GAP

THE GRAMPIANS

5th March 2018

Dear Parents/Carers,

The Year 5 camp will take place from **Tuesday 17th April to Friday 20st April 2018**.
We will be staying at Roses Gap Recreation Centre in the Grampians.

We will leave school on Tuesday morning at 9:00 am sharp. Over the following days the children will be participating in a range of outdoor activities that are organized and supervised by the Roses Gap experienced staff with the assistance of our own staff members.

On the final day, the bus will be taking us to Zumsteins in Halls Gap where we will hike to McKenzie Falls, weather permitting, before returning to school.

The cost of the camp is approximately $460.00 including meals and return bus fare. We are still finalizing our numbers for the exact amount. ***Please enclose a deposit of $100.00 to confirm your place, by Friday 16th March 2018***.
The balance of $360.00 is to be paid by the 29th March 2018.

Attached is a medical form to complete. Please fill it in carefully so that we can take the appropriate steps to ensure that your child will be well cared for. Please also include information of any dietary needs they may have.
This medical form must also be returned to the class teacher by 16th March 2018.

It is hoped that all the Year 5 children will attend this camp as it is an important part of our curriculum. The children will learn to be more self reliant, develop independence and gain a great deal from the social aspect of being away from home with their peers.

Regards, Shelley Krycer, Julia Kantor, Jill Griffin and Tanja Boxelaar

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Year 5 ROSES GAP CAMP – PERMISSION & DEPOSIT

I give permission for my child _____ to attend the Year 5 camp at Roses Gap Recreation Centre from the Tuesday 17th April to Friday 20st April 2018.

Signed parent/guardian _____ Date _____

Please find enclosed $100.00 payment: Cash / Cheque *(please circle)* OR

CREDIT CARD PAYMENT AUTHORITY – please complete ALL sections

Year 5 Roses Gap – Camp Deposit

Child's Name_____ Grade/Class_____

Master Card / Visa Expiry Date: ____/____ ***Amount*** **$100.00**

Cardholders Name: _____ Signature: _____

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