Tuesday, 14 February 2017

Year 4 Camp Warrawee | 2017

Dear Parents and Caregivers,

Each year, our Year 4 students attend Camp Warrawee that is located in Joyner. Traditionally, this has been a two night stay in Term Four. A school based decision was made to reschedule the camp to the beginning of the year. The camp format has been charged to make it a one night stay in Term 1. As per the School Calendar, the dates for the camp are Monday 13th to Tuesday 14th March, in Week 8 of this term.

The cost of the camp is $145.00. This amount covers the cost of accommodation, camp activities, bus transport and all related expenses.

Please sign and return the form below by Thursday 16th February to let us know whether your child will be attending. Payment for camp can be made by:

- Cash/ Cheque- Permission slip and payment in a sealed enveloped placed in the collection box at the school office.
- Credit Card- Permission slip and Credit Card form in a sealed enveloped placed in the collection box at the school office.
- Q-Parents- payment via invoice on Q-Parents and permission slip returned to the class teacher.

This Camp will provide a great set of learning experiences and personal challenges. It offers the opportunity of unique activities and learning and developing many co-operative social skills while living away from home, in dormitory and cabin accommodation, with a group of children of the same age. These types of activities make for wonderful memories.

Thank you in advance for your support,

Danuel Manns
Deputy Principal

Damien Pinches
for Year 4 Teachers

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Year 4 Camp Warrawee Permission Note

I give/do not give permission for my child ________________________________ to attend Year 4 ‘Camp Warrawee’ from Monday 13th – Tuesday, 14th March 2017. I will pay the cost of this by Friday, 3rd March 2017.

Signed: ____________________   Name printed: ______________________________   Date: ___________
Fill in the following to make your payment for Year 4 Camp by Credit Card

Student’s Name: ___________________________  Class: ______

Please charge my Credit Card:  ☐ Visa  or  ☐ Mastercard

Amount : $ ____________

Name on Card (print clearly): ________________________________

Daytime Phone: ____________________________

Card Number: ___ ___ ___ ___/ ___ ___ ___ ___/ ___ ___ ___ ___/ ___ ___ ___ ___

Expiry Date: ________________

Signature: ________________________________