



YEAR 4 CAMP
Monday 21st – Wednesday 23rd October 2019
YMCA CAMP MANYUNG, MT ELIZA

Dear Parents,

All Year 4 children will have the opportunity to attend Camp Manyung from Monday 21st to Wednesday 23rd October this year. Camp Manyung is on the Mornington Peninsula at Mt Eliza, situated on a magnificent coastal property with breathtaking views across Port Phillip Bay and surrounding areas. This is an exciting opportunity for the children to explore new skills and learn in a safe and secure beach environment.

Camps are a very important part of our curriculum and it is hoped that all children will attend. Through our camps program we provide a range of opportunities for children to learn new skills in environmental and outdoor education, enhance students' development in social skills and cooperative team work skills and further promote the school values.

Activities making up the program at Camp Manyung may include the tree top challenge, raft building, Bay Discovery, beach games, geo caching, initiatives, giant swing and coastal environment walks. All activities will be supervised by highly experienced YMCA camp facilitators and AGPS staff. Night activities could include a talent quest, trivia questions and/or a disco.

Please send a **\$90.00 deposit**, forwarded with the reply slip, to confirm your child's attendance.

Initial Deposit: **\$90.00** due by Monday 2nd September (**along with reply slip attached**)

Instalment 2: **\$100.00** due by Monday 16th September

Instalment 3 (Final): **\$100.00** due by Wednesday 9th October

THE TOTAL COST OF THIS CAMP IS \$290.00

You can access further information about this camp at

<http://www.camps.ymca.org.au/locate/manyung/about-camp-manyung.html>

ALL YEAR 4 parents / guardians must complete the MEDICAL slip attached and return it to school by Monday 2nd September. These details can be updated if any of them change before we go on camp.

If you have any questions or concerns please feel free to contact any of the Year 4 teachers.

Regards,

Jamie Briones, Jackie Morrison-Woolcock, Hayden Broadbent and Ross Graham

Year 4 Teaching Team

ALL YEAR 4 PARENTS TO COMPLETE THE
RELEVANT PARTS OF THIS REPLY SLIP
AND PLEASE RETURN BY MONDAY 2nd SEPTEMBER

Year 4 Camp: Monday 21st – Wednesday 23rd October 2019

YMCA Camp Manyung, Mt Eliza

Student's Name: _____ Class: _____

☐ My / Our child **IS ABLE** to attend the Year 4 Camp 2019

☐ I / We have included a deposit of **\$90.00** ☐ Cash ☐ Cheque (please tick)

☐ BPAY Receipt number _____

☐ QKR

Please debit my (circle appropriate) VISA / MASTERCARD Total \$. _____

CREDIT CARD NUMBER: _____

EXPIRY DATE: ____ / ____

Name on Card: _____ Signature: _____

☐ My / Our child **IS UNABLE** to attend the Year 4 Camp 2019.

(Optional) If possible, please provide a brief reason for your child not participating in the camp program:

Parent / Guardian Name: _____

Parent / Guardian Signature: _____ Date: _____

☐ I / We would like to discuss the camp program with my child's teacher before deciding on my/our child's attendance.

Parent / Guardian Name: _____

Parent / Guardian Signature: _____ Date: _____

Year 4 Camp: Monday 21st – Wednesday 23rd October 2019

YMCA Camp Manyung, Mt. Eliza

For your convenience please find below a payment schedule for the final two remaining payments for camp. You may follow this schedule or pay the remainder in one lump sum. If you have already paid the full amount or your child will NOT BE attending camp, PLEASE disregard this notice.

Thank you,

Jamie Briones, Jackie Morrison-Woolcock, Hayden Broadbent and Ross Graham

Year 4 Teaching Team

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YEAR 4 CAMP - FINAL PAYMENT \$100.00

DUE: WEDNESDAY 9TH OCTOBER

STUDENT'S NAME: _____ CLASS: _____

Enclosed Payment of: **\$100.00** ☐ CASH ☐ CHEQUE ☐ BPAY REC# _____

Please debit my: VISA/MASTERCARD (Circle Appropriate) TOTAL: \$ _____

CREDIT CARD NUMBER _____

EXPIRY DATE: ____ / ____

Name on Card: _____ **Signature:** _____

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YEAR 4 CAMP - INSTALMENT 2 PAYMENT \$100.00

DUE: MONDAY 16TH SEPTEMBER

STUDENT'S NAME: _____ CLASS: _____

Enclosed Payment of: **\$100.00** ☐ CASH ☐ CHEQUE ☐ BPAY REC# _____

Please debit my: VISA/MASTERCARD (Circle Appropriate) TOTAL: \$ _____

CREDIT CARD NUMBER _____

EXPIRY DATE: ____ / ____

Name on Card: _____ **Signature:** _____

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2019 YEAR 4 YMCA CAMP MANYUNG

STUDENT MEDICAL FORM

This report is intended to assist the school in case of any medical emergency with your child.
All information is held in confidence.

Child's Name: _____

Date of Birth: ____/____/____. Class: _____

Parent's / Guardian's Full Name _____

Address: _____ Postcode: _____

Emergency Telephone _____ After Hours: _____ Business Hours: _____

Mobile/s _____

Name, Address & Phone of Family Doctor: _____

Medicare No: _____ Ambulance Subscriber No: _____

Medical / Hospital Insurance Fund: _____ Contribution No: _____

Please tick appropriate box if your child suffers any of the following:

- | | | | | |
|---------------------------------------|---|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Migraine | <input type="checkbox"/> Diabetes | <input type="checkbox"/> ASD/Autism |
| <input type="checkbox"/> Dizzy spells | <input type="checkbox"/> Sleep walking | <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy | |
| <input type="checkbox"/> Blackouts | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Travel Sickness | <input type="checkbox"/> ADHD | |
| <input type="checkbox"/> Other | Please state: _____ | | | |

Allergies to:

- | | | |
|--|--------------------------------|--|
| <input type="checkbox"/> Penicillin | <input type="checkbox"/> Foods | <input type="checkbox"/> Other Drugs _____ |
| <input type="checkbox"/> Other Allergies _____ | | |

What special care is recommended?

Tetanus Immunisation: ☐ My child **IS** immunized ☐ My child **IS NOT** immunized

☐ **TICK BOX:** In the event of my child requiring pain relief, I **HEREBY CONSENT** to my child being given the recommended **CHILD DOSAGE** of **PARACETAMOL** e.g. *Panadol*?
Please Sign Here (Parent Signature): _____

Tablets and Medicines:

All medicines must be handed to the teacher in charge, with your child's name, the dose to be taken and when it should be taken, on the medication slip, which will be distributed the week before camp.

(Medication will be kept in a secure place and distributed as required.)

Please do not allow children to be in possession of any medicine while on the camp.

Previous Experience:

Is this the first time your child has been away from home? ☐ YES ☐ NO

Special Dietary Considerations:

Are there any special dietary considerations ☐ YES ☐ NO If so please provide information: _____

Consent to Medical Attention:

I authorise the teacher in charge of the excursion / tour to consent, where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary.

Signed: _____ **Date:** _____