

OPAL NURSING HOME MELVILLE

YEAR 2 ROOMS B1 & B2

Our class excursion is planned for **Tuesday 18th September 2018**.

We will be transported by bus to Opal Nursing Home, Melville. The bus will depart school at 9.30am and return to school by 11.20am. The children will be given morning tea made by the chef at Opal. If your child has a food allergy, please send them with their own morning tea. Supervision of the children will be carried out by Mrs Cianfrini, Mrs Crane, Mrs Campbell, Miss Stacey and parent helpers.

The total cost of the excursion is **\$6.00** per student.

Money must be **paid to the office by Tuesday 11th September 2018**. Our preferred method of payment would be via the **Qkr App**.

Excursions are organised as an integral part of the school's programs throughout the year. It is therefore desirable that all students participate. The purpose of the excursion is related directly to our 'Be The Change' project. Activities the children will be engaged in are singing, exchanging cards and creating an art project to share with the elderly residents. If you wish to be a helper on the day please advise your child's classroom teacher. Please also complete the "Parent/Guardian Consent" form below and return to the **front office by Tuesday 11th September 2018**.

School Refund Policy Excursion/School Based Activity - Excursions are undertaken by the school on a self supporting cost basis. If you have paid for an activity and your child is unable to attend, please notify the school as soon as possible. If the school has incurred a cost/s for an activity on behalf of a student, this will be deducted from any refund.

Kind regards
Mrs Cianfrini and Mrs Crane





(Please Return to School Front Office)

Winthrop Primary School

PARENT/GUARDIAN CONSENT – Opal Nursing Home Melville

Year Level Room No.

I have read and understand the information regarding the **Opal Nursing Home Melville** on **Tuesday 18th September 2018** and give my consent for my son/daughterto attend.

(FULL NAME)

I am aware that any costs incurred as a result of accident or illness are my responsibility and that school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the excursion.

I agree to inform the organisers before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged. I acknowledge that, should it be considered necessary, school staff will arrange to present my child for medical assessment.

Signed.....Parent/Guardian Date.....

Parent Contact Phone..... Parent Mobile Phone.....

Emergency Contact Number (other than parent) (1).....(2).....



(Please Return to School Front Office)

Winthrop Primary School

Payment Slip

Student's Name: _____ Yr Level _____ Rm No. _____

Amount Payable

\$6.00

OPAL NURSING HOME

(FULL NAME)

Qkr App. Reference number; _____

Cash - Correct money only, no change given or responsibility accepted for lost cash or discrepancies.

My current account balance is sufficient to cover this excursion.

Credit Card Type Of Card: **Visa** **Bankcard** **Mastercard**

N.B. We do not accept Diners, American Express or Overseas Bank Cards

Expiry Date ___/___

CCV

Card Holders Name _____ Signature _____

☎ _____ REFERENCE NO: Office use only. _____