



Blackwell Public School

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8th September 2017

Dear Parents/Caregiver,

On **Tuesday, 17th October**, Kindergarten will be going on an excursion to **Wannabees Family Play Town** in Frenchs Forest. This excursion is linked to our 'Places We Know' unit in Term 4. The students will have the opportunity to role play and explore the professions of people who live in our community in a pretend child size city. Facilities include hospital, supermarket, TV studio, post office, fashion shop, beauty salon, fire station, police station, restaurant, gym, construction site and bank.

Some important information:-

- The cost per student is \$35 – this includes playtown entry and coach (seatbelts & air con.) fare.
- Please ensure your child **arrives at school by 8:45am** to have their name marked off in their classroom. **The bus will leave at 9:00am**. We will return by 3.00pm.
- School uniform is to be worn.
- Students will need to bring enough food and drink for recess and lunch. These are to be brought in a **secured backpack or school bag**. Please ensure the bag is **clearly labelled** with your child's name.
- Refunds – please note that in the case of absence, bus fare is not refundable.
- Financial assistance is available for families. Please contact the office if this is required.
- Please fill in the slip below and return with payment **by 11th October**. No late payments will be accepted.

We are all looking forward to a great day!
Kindergarten Teachers

Mrs P Richmond
Organising Teacher

Mrs K Hudswell
Principal

I give permission for my child _____ of class _____ to attend **Wannabees Family Play Town** on Tuesday, 17th October. Enclosed is payment of \$35. Special needs of my child which you should be aware (e.g. asthma, allergies, medication, etc) _____

To the best of my knowledge he/she has no medical condition, disability or injury which puts him/her at risk in participating in the excursion. In the event of illness or injury, I authorise the seeking of such medical assistance on my behalf that my child may require.

Medicare Number - _____ (for use at medical centres, etc)

Contact number - Work _____ Home _____

I understand that travel will be by coach and that this excursion has the permission of the principal.

Signature _____ Date _____

Please return this completed permission slip to school office by 11th October with payment of \$35