THOMAS MITCHELL PRIMARY SCHOOL





YEAR 6 CAMP — THE SUMMIT MONDAY 26TH TO WEDNESDAY 28TH OCTOBER 2020

19th June, 2020

Dear Parents,

Following on from our recent camp survey, you may be aware the Year 6 students participate in a school camp that is an important part of our curriculum studies. The camp this year will be a 3 day camp held at The Summit, located in a wonderful bush setting near Trafalgar in Gippsland. The Summit is an award winning campsite with excellent facilities and a wide range of exciting activities.

Students will participate in a wide range of exhilarating challenges, which may include flying fox, giant swing, leap of faith, laser skirmish, high wire, abseiling and tank and cave experiences to name a few. A combination of individual and team building challenges will take place to build students leadership, resilience and inner strength. Activities such as a movie night and a disco may also take place in the evenings.

We estimate the cost of this camp to be around \$400-\$430, dependent on the numbers of children participating. To finalise the cost to this camp, we are now asking parents to provide an expression of interest as to whether your child will be attending the camp in 2020, together with a non-refundable \$50.00 deposit. Please do this by completing the attached form, indicating if your child will or will not be participating and return it to school.

<u>Unfortunately we are unable to accept payment in cash</u>. You can pay the \$50.00 deposit by calling our office and making payment over the phone (9706 2254) or alternatively a direct deposit can be made into the school account (banking details are provided on the attached form) - payment must be made by Friday 17th July 2020. Payment of this deposit will also confirm your child's participation.

Please note if you are not able to forward the deposit by this date, we encourage you to contact our Business Manager, Tracey Etherington. We are required to confirm our booking numbers and pricing with the camp facility, and therefore we cannot guarantee children can be accommodated if payment is received after the deposit closing date.

Upon finalising numbers, we will forward another letter confirming the cost, any Camps, Sports & Excursions Fund credit we are holding for your child, which can help offset the cost of the camp, and offering instalment arrangements. All confirmed participants will be requested to pay the camp in full prior to Friday 18th September 2020. We may also require additional parental assistance on the camp. Should you be interested in participating, please complete the section attached. Please note, any parent selected to assist on camp will require a valid Working with Children Check. We will contact you at a later date to discuss this.

Upon finalising numbers, we will forward another letter early in term 3 confirming the actual cost. Please contact Ben Stanford, Leading Teacher in Room 14, if you require further information. I am happy to chat to you about any concerns you may have or to answer any questions arising about this camp.

Yours sincerely

Ben Stanford Year 6 Camp Coordinator John Hurley Principal.

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MY CHILD					IN CLASS		
	I						
	WILL BE attending the Year 6 Camp to The Summit, 2020.						
PLEASE INDICATE YOUR METHOD OF PAYMENT							
	I have paid \$50.00 over the phone with my credit card						
	I have i	Date payment made:///					
	(Direct deposit details listed belo		•	Date payment made:///			
BSB		ACCOUNT NUMBER	ACCOUNT NAME	REFERENCE			
063 549		00902750	Thomas Mitchell PS Official Account	Student First Name Initial and Surname, eg. John Foster = JFoster			
	WILL NOT be attending the Year 6 Camp to The Summit, 2020.						
PLEASE COMPLETE AND RETURN THIS SECTION TO SCHOOL BY FRIDAY 17 TH JULY 2020							
THOMAS MITCHELL PRIMARY SCHOOL							
Year 6 Camp – The St Monday 26 th to Wednesday 28 th October							
PARENT ASSISTANCE (IF REQUIRED)							
I am willing to attend the Year 6 Summit Camp to assist staff and students throughout the week of Monday 26 th to Wednesday 28 th October 2020.							
	I understand I will be required to present a valid Working With Children Check if I am selected to assist.						
Signed: Date:							
Assistant's Name:							
Relationship to Child:							

Contact Phone Number/s:....