



**YEAR 4 PHILLIP ISLAND CAMP
CYC - THE ISLAND
Wednesday 16/8/17– Friday 18/8/17**

Date note distributed:	Monday, May 16
To:	Parents/Guardians of Year 4 Students
Date & Time of event:	Wednesday 16/8/17, Thursday 17/8/17 & Friday 18/8/17
Cost:	\$300.00
Response Required: YES	Return to classroom teacher
Return form & payment due by:	Monday, July 31
Staff member in charge & e-mail address:	Tony Muir muir.anthony.r@edumail.vic.gov.au

CYC The Island Accommodation is located in Church Street in the heart of town of Cowes township, Phillip Island.

Your child will:

- travel on seat belted buses to and from Phillip Island.
- stay at CYC The Island accommodation in Cowes.
- attend an evening/night time excursion to Phillip Island Penguin Parade on Wednesday, 16/8/17
- visit Phillip Island Wildlife Park on Friday, 18/8/17.
- participate in camp based activities, eg low ropes course, flying fox, trampolining, etc.

The attached medical information form needs to be returned ASAP, to allow for processing and collating of the medical issues and dietary needs.

Thank You,

Tony Muir, Lyne Barge, Angie Martyn, Anita Salems & Diane Kassiotis

OSPS uses an app called QKR! as our preferred payment method for accepting payments from parents. It is a quick and easy to download and learn. QKR! Payments are child specific – please ensure you have selected the correct child before finalising a payment. Please visit the OSPS website for instructions and further information

www.oakleighsouthps@vic.edu.au/tiqbiz-qkr

QKR website link www.qkr.mastercard.com/for-everyone-australia

Once you have completed your payment, please complete the permission note and return it to your classroom teacher. If you have any questions, please contact the school office on 9570 1016.



RETURN SLIP/ PERMISSION NOTE

I have used Qkr! (please tick the box).

Date of QKR! payment: _____

Please circle: I give permission for my child to participate in the Year 4 Camp at CYC The Island, Wednesday 16/8/17, Thursday 17/8/17 & Friday 18/8/17		YES / NO
I also authorise the teacher in charge to give consent (where it is impracticable to communicate with me), to my child receiving medical, ambulance or surgical treatment as may be deemed necessary.		
Student's name:		Grade
Parent / Guardian Signature:		Date
Emergency Contact Number:	Medicare Number:	

