

**PLENTY PARKLANDS PRIMARY SCHOOL NO. 1915**

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**Principal: Claire McInerney**

**Assistant Principals: Julie Nixon and Alison Devereux**

Tuesday July 26<sup>th</sup> 2018

Dear Parents/Guardians,

Please find below the details of the Year 4 camp. The camping program is an important part of our Outdoor Education program. There are 99 students in Year 4 and we would like ALL students to attend.

**VENUE:** Phillip Island Adventure Resort ([www.piar.cyc.org.au](http://www.piar.cyc.org.au))

**DATES:** Monday October 15<sup>th</sup> to Wednesday October 17<sup>th</sup> (inclusive) 2018.

Cost is \$290 (GST is charged on meals only).

**This quote is based on 80% of students attending.**

**The final cost will depend on the number of students who do attend.**

**This will mean two payments\*: \$100 and one further payment of \$190.**

**The first payment is a non-refundable/non-transferable deposit. Any consideration for part refund of remaining amount due to late withdrawal of students due to illness, holiday, etc., can only be considered after all invoices associated with the camp have been finalised.**

\*If this payment option does not suit your financial circumstances, a payment plan can be devised for you so that your child can attend.

**STAFF:** One adult per every 10 students.

**TRAVEL:** Panorama Bus Company (with seatbelts).

**Activities include:** canoeing\*, raft making\*, low ropes course, flying fox, giant swing, rock wall climbing, rock pool exploring, beach activities\*, a visit to Amaze 'N' Things (next door), a pyjama disco and "red faces", pelican feeding in San Remo, etc.

*\*subject to weather conditions.*

**PARENT HELPERS:**

When we have determined the number of children attending the camp, we will know exactly how many extra adults will be required to ensure the 1:10 ratio. At this stage we have 5 teaching staff who will be attending. We will probably need about 4 or 5 additional adults. Parents helping on camp will be required to undergo a Working With Children check, be available for the 3 days of camp, work long hours, cope with late nights and early mornings, help with the constant supervision of children, participate in all activities and duty groups, be caring, understanding and patient, have HEAPS of energy and a good sense of humour, be available for ALL students – not just your own and get on well with children. No cost will be involved, as you will be covered in the staff ratio. If you believe you meet this job description and wish to be considered as a parent helper, please get in touch with Stephanie De Cata via email at [de.cata.stephanie.d@edumail.vic.gov.au](mailto:de.cata.stephanie.d@edumail.vic.gov.au). Please provide your name, daytime contact phone number, your child's name, and his/her home group in the email.

**STAFFING FOR CAMPING PROGRAM:**

- The Principal has final approval of staffing profile.
- One adult to ten students (legal requirement) at no charge to the adults.
- All adults to have a Working With Children check.
- Minimum of 50% of the adults to be qualified teachers to fulfil ratio.
- Minimum of one senior teacher (Leading Teacher, Assistant Principal, Principal) employed by the school, to be the camp coordinator.
- Aim for gender balance where possible.
- In line with other considerations, as School Council has to approve school camps and is legally responsible, priority will be given to one non DEECD school councillor who has not previously attended a camp.
- As part of pre-service training, priority given to one pre-service teacher to attend.
- Remaining free places given to parents –

- priority to trained nurse, doctor or first aid personnel
- priority to parents who are known to the school through their interaction with the school at parent/teacher/student interviews, school occasions and volunteer work. These occasions provide opportunities for parents to display the attributes we look for when seeking help with particular responsibilities such as a camp
- priority to parents who will take on a “de facto” staff role
- after all criteria have been looked at, the principal has final approval of the staffing profile
- If a parent has decided that their child (who has a serious medical problem) can only go on the camp so long as the parent attends, then the parent is deemed as being out of the adult ratio and would be required to pay their own way. The school will negotiate to get transport and accommodation at a reduced rate, where possible.

In order to finalise arrangements and calculate the precise cost of the camp, we need to know the exact number of students attending as soon as possible.

To confirm your child’s place, please complete the details below and return it with a **non-refundable / non-transferable** first payment of 1/3 of the approximate total cost, which means a payment of **\$100 by 3:30 pm, Thursday 23<sup>rd</sup> August 2018**. Further details including the exact cost will follow when final numbers are known. The next letter will include the payments slips for the two further payments.

**PLEASE NOTE – NO LATE PAYMENTS WILL BE ACCEPTED.  
Your camp deposit must be received by 3:30 pm, Thursday 23<sup>rd</sup> August, 2018.**

If you have any queries, please contact your child’s teacher at the school on 9404 4311.  
Stephanie De Cata (Camp Organiser), Clinton Lowes, Chris Uniacke, and Lauren Batty.

**If you pay by Qkr you do NOT need to return the permission and payment form below. If not paying by Qkr cut off and return to the school by 3:30 pm, Wednesday 23<sup>rd</sup> August 2018.**

**Parent permission**

I give permission for my child \_\_\_\_\_ of home group \_\_\_\_\_ to attend the year 4 camp to Phillip Island Adventure Resort from **Monday 15<sup>th</sup> October – Wednesday 17<sup>th</sup> October (inclusive) 2018**.

Name \_\_\_\_\_ Phone no: \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Amount enclosed: \$100 CSEF / Cash / Cheque / Credit Card / QKR

**Credit Card payment** .....

**PLENTY PARKLANDS PRIMARY SCHOOL – CREDIT CARD VOUCHER (Minimum payment \$10)**

Child’s name:	Home group:	Payment for: i.e. Camp	Amount
		Phillip Island Adventure Resort	

Please charge my:  Bankcard  Visa  Mastercard Amount: \$ \_\_\_\_\_

Card Number \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_ Name on Card: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Phone No. \_\_\_\_\_ Date: \_\_\_\_\_

