Dear Parents/Carers,

The following details relate to a Preschool educational incursion.

PIRATE PETE CONCERT SHOW

This incursion has been booked for **Tuesday, 5 April 2016, 9.30am.**

The purpose of this incursion is to enrich our preschoolers’ learning experiences. This program encompassing the EYLF principles and is a highly engaging show.

This incursion will be held in the preschool building. Children will need to come to preschool as normal.

The teachers attending the incursion are **Tamsin Cowap & Devika Jayawardane.**

The cost of this incursion is **$12.50** per student. If written permission is not received then the student will be unable to attend the incursion.

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**Staff accompanying students on excursions will take all reasonable care while the students are in their charge, to protect them from injury and to control and supervise their behaviour and activities. Parents should be aware that staff members are not responsible for injuries or damage to property that may occur on an excursion where, in all circumstances, staff has not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour. (Excursion Policy – June 1998)**

**Please note:** The payment of this financial contribution is voluntary. The Education Act 2004 guarantees that

- a) each contribution must be voluntary
- b) a child is not to be refused benefits or services because the child’s parents do not make a contribution
- c) a child is not harassed for contributions

any record of contributions is confidential.

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Yours faithfully

**Tamsin Cowap**

Excursion Coordinator

Please return the completed permission note, medical information and consent form, and money to the Preschool or the school’s Front Office by Monday 4 April 2016.
Pirate Pete Concert Show

I/We give permission for my child __________________________in Joeys preschool group to attend the above incursion.

I/We authorise for the school to make arrangements for the welfare of the student (including medical or surgical treatment), in an emergency.

I/we agree to meet the costs associated with any emergency arrangements made by the school - free ambulance transportation only applies in the ACT.

I/We have read the above information regarding this incursion and understand what it contains.

☐ I enclose $12.50

Full Name of Parent/Guardian (Please Print) ____________________________________________

Signature of Parent/Guardian _______________________________ Date ______________

Payment Options: ☐ Direct Deposit ☐ Cash ☐ Credit Card ☐ Cheque

Account Name: Garran Primary School Management Account
BSB: 032 777
Account Number: 001316
Please include your child’s name and reason for payment in the ‘reference field’.

Payment by credit card, please fill out the following details:

Child’s Name ___________________________ Class _______ Excursion to:

VISA ☐ BANKCARD ☐ MASTERCARD ☐

NAME ON CARD ……………………………………………………..

EXP DATE ……………….. AMOUNT ………………………………...

SIGNATURE ………………………………………………………………

CARD NO [space for card number]