

## Year 5/6 Wellbeing Program

### VENUE AND PURPOSE

Kaleen Primary

We are excited to have Francesca Kaoutal, from Enlighten Education, and Francis Owusu, from Kulturebreak to be delivering our girls and boys wellbeing programs this term. This will target a large part of our health curriculum.

These programs will help build self-esteem and confidence for our students and focus on developing a growth mindset as they move into adolescence. These sessions are fundamentally important at this stage of the children's development and we strongly encourage all to attend.

DATE 15/05/2019
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START OF PROGRAM 11:30	FINISH OF PROGRAM 3:00
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ASSISTING STAFF All 5/6 staff	TEACHER IN CHARGE Kelly Turner
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CLASSES INVOLVED 5LL, 5AC, 5RL, 6KT, 6BH, 6JS
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COST PER STUDENT <b>Note:</b> This program is an enrichment activity and parents are expected to cover the cost incurred. \$25
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ADDITIONAL INFORMATION Our lunch break times will be slightly modified to enable the full days program to be delivered.
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Kelly Turner  
Executive Teacher

Chris Shaddock  
Principal

<b>Please fill in the attached form and return it with payment to the front office by:</b>	<b>10/05/2019</b>
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**Permission Note & Payment Slip**

**Year 5/6 Wellbeing Program**

**PLEASE RETURN TO YOUR CLASS TEACHER BY 10/05/2019**

Year 5/6 Wellbeing Program

15/05/2019

11:00 to 3:00

- I understand that the school is providing this program as an optional activity to enrich curriculum outcomes and payment is required to cover the costs. If the school is unable to cover the costs, the school may not be able to provide this activity.
- I understand that individual records of contributions are confidential.

I hereby give permission for my child \_\_\_\_\_ in class \_\_\_\_\_ to attend the Year 5/6 Wellbeing Program on 15/05/19 at Kaleen Primary School.

- I have read the above information regarding this program and understand what it contains
- I enclose \$25 cash as payment for this program  
or
- I have completed EFTPOS/QUICKWEB payment slip as payment for this program
- I require a receipt

Signed: \_\_\_\_\_  
(Parent/Guardian)

Date: \_\_\_\_\_

Full name: \_\_\_\_\_

Phone contact: \_\_\_\_\_  
(on day of program)

This form requests information about students which will be held by the school. This information may be disclosed to government or private medical or para-medical staff and other relevant officers in the event of an accident or emergency. The information is collected as a lawful administrative function of the ACT Department of Education & Training and Children's, Youth & Family Services Bureau.

<b>Year 5/6 Wellbeing Program</b>	<b>LEDGER CODE: 8025-000-00</b>
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**Payment Slip for EFTPOS and QUICKWEB**

Child's Name:.....  
Class:.....

Please circle payment type:    **CREDIT CARD**            **EFTPOS**            **QUICKWEB**

Minimum amount for credit card is \$10.00

**Payment by EFTPOS**

Card Type:                    Mastercard                    Visa

Card number:   

Exp.Date:   /

**AMOUNT:    \$25**

Cardholder's full name: \_\_\_\_\_

Child's name: \_\_\_\_\_

Cardholder's signature: \_\_\_\_\_

Child's class: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Ledger code:    **8025-000-00**

**Payment by QUICKWEB**

Ledger code: **8025-000-00**

**AMOUNT:    \$25**

Reference number: \_\_\_\_\_

Date: \_\_\_\_\_

Family name: \_\_\_\_\_

Child's name: \_\_\_\_\_

Child's class: \_\_\_\_\_