

Preschool Canberra Museum and Gallery (CMAG) Excursion

VENUE AND PURPOSE

Canberra Museum and Gallery

The Preschool children have an opportunity to visit CMAG to partake in an educational program entitled 'What do Artists Make'. During this program the children will explore Canberra Stories, an exhibition which has a collection of social history artifacts and works of art that tell intriguing tales about the Canberra region. Discover the stories behind the objects and, in the studio, children will explore and experiment with some of the tools and techniques artists use to create their works; a wonderful way of introducing children to the visual arts within a gallery setting.

DATE OF DEPARTURE

20/06/2019

TIME OF DEPARTURE

9:30am

TIME OF RETURN

12:30pm

CLASSES INVOLVED

Blue Bears

TEACHER IN CHARGE

Kathryn Jeffress

ACCOMPANYING STAFF

The staff accompanying students on this excursion will be Fiona Manton and Robyn McKenzie along with 4 parent volunteers. The anticipated number of students attending is 22 and the anticipated number of adults attending the excursion is 6. The Adult/student ratio for this excursion will be 1:4 and a risk assessment for this excursion is available for all parents/carers at Kaleen Preschool.

MODE OF TRANSPORT

Chartered bus

COST PER STUDENT

Note: Excursions are an optional enrichment activity and parents are expected to cover the cost incurred.

\$18.00

EMERGENCY PHONE

6142 1750

ADDITIONAL INFORMATION

Please pack a substantial morning tea in a labelled paper bag. We will be eating lunch when we return to preschool.
Please ensure children are dressed in comfortable clothing with appropriate footwear.

Kathryn Jeffress
Classroom Teacher

Chris Shaddock
Principal

Please fill in the attached form and return it with payment to the front office by:

13/06/2019

Permission Note & Payment Slip

Preschool CMAG Excursion

PLEASE RETURN TO YOUR CLASS TEACHER BY 13/06/2019
Preschool Canberra Museum and Gallery (CMAG) Excursion
20/06/2019
9:30am to 12:30pm

- I have discussed with my child the need for sensible behaviour on this excursion.
- I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the costs associated with any emergency arrangements made by the school.
- I agree to provide to the school any medical information relevant to this excursion.
- I agree that my child will be under the authority of the school for the duration of the excursion.
- I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.
- I have read the attached information regarding this excursion and understand what it contains.
- I understand that the school is providing this excursion 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 excursion to Canberra Museum and Gallery (CMAG) on 20/06/2019 leaving Kaleen Primary School at 9:30am and returning at approximately 12:30pm, travelling by Chartered bus.

The school has an **Excursion Medical Information and Consent Form** on file. Please provide details of **any current medical requirements** and/or other needs of your child relevant to this excursion.

- I have read the above information regarding this excursion and understand what it contains
- I enclose \$18.00 cash as payment for this excursion
- or
- I have completed EFTPOS/QUICKWEB payment slip as payment for this excursion
- I require a receipt

Signed: _____
(Parent/Guardian)

Date: _____

Full name: _____

Phone contact: _____
(on day of excursion)

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.

Preschool CMAG Excursion	LEDGER CODE: 8005-000-00
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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: \$18.00

Cardholder's full name: _____

Child's name: _____

Cardholder's signature: _____

Child's class: _____

Contact phone number: _____

Ledger code: **8005-000-00**

Payment by QUICKWEB

Ledger code: 8005-000-00

AMOUNT: \$18.00

Reference number: _____

Date: _____

Family name: _____

Child's name: _____

Child's class: _____