

The Summit Camp - Yr 5/6 Camp

Positivity, Persistence, Pride, Passion

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Dear Parents/Guardians

Thank you to all the families who have committed to sending their children to the Yr 5/6 2018 camp at The Summit in Trafalgar from Monday, 29 October - Wednesday, 31 October 2018. This is a great opportunity for the 5/6 children to build their leadership skills and meet the Victorian Curriculum goals of developing interpersonal and social capability.

The Summit Camp <https://www.thesummit.net.au/> will involve our students participating in activities that reinforce the CSPS values of our 4Ps, Positivity, Persistence, Pride and Passion. They will also focus on building individual resilience and self-discipline. Please visit The Summit website and view the videos and information about this exciting camp.

We now have finalised costings and have created a payment plan to assist our families.

The cost is \$314 per student and covers all activities, food, accommodation and transport.

Please return the signed permission form with payment of \$64 deposit by Monday, 18 June 2018 to secure your child's spot. (Please note the \$64 deposit is no-refundable)

Further payment options are as follows:

- Payment can be made in full from today, or by Friday, 5 October 2018.
- Further instalments of \$125 can be made via QKR/Cash/EFT.
- Individual payment plan to be organised via the Office at your earliest convenience.

Please note full payment must be received for each student on or before Friday, 5 October 2018.

Thank you for your support.

COLETTE JOANNIDIS

Senior school Team Leader

Friday, 4 May 2018



**PLEASE RETURN BY Monday, 18 June 2018
THE SUMMIT CAMP**

My child Class
will be attending the Year 5/6 Summit Camp.

Please indicate method of deposit payment:

QKR \$64 (preferred payment method)

Cash \$64

EFT \$64

CSEF \$64

In the event of illness or injury to my child whilst on this excursion, I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner, and to administer such first aid as the principal or staff member may judge to be reasonably necessary.

During the times of the excursion, my telephone contact is

.....
Print Name of Parent/Guardian

.....
Signature of Parent/Guardian

.....
Date