**Prep Excursion to CERES**

**Multicultural program**

**Why:** To provide students with the opportunity to explore and engage in various aspects of different cultures. The children will be participating in a range of activities from Aboriginal, African Indonesian and Indian cultures.

**Where:** CERES Community Environment Park, East Brunswick.

**When:** All the Preps will be going on Wednesday the 15th of May. We will leave school at 9:00 am and return at 3:15pm. Please ensure your child is at school by 8:45am for a punctual departure at 9:00am.

*The children will be travelling to and from the venue, in buses fitted with seatbelts.*

**Bring:** Wear suitable clothing for outdoor activities, including raincoats if needed.

*All visitors to CERES are requested to be waste free.* Students will need to bring their morning snack, a drink and lunch in their lunch box, with no wrappings or packaging. CERES only provides compost bins for food scraps and a recycling bin for plastic drink bottles.

**COST:** The cost of this excursion is part of the 2013 Excursion/Incursion payment. For those families who have not yet paid this, payment is required prior to this excursion.
Please return the Permission Slip attached by Friday 10th of May.

Prep CERES Excursion Permission Slip.

Please indicate if your child is taking any medication, or has any medical condition which we should be aware of:

**Anaphylaxis**  Yes / No

Does your child have an Epi-pen at school?  Yes/ No

**Asthma**  Yes / No

Does your child require Medication?  Yes/ No

**Other Conditions**  Yes/ No

Please add relevant details:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I give permission for my child______________________________ in Grade ______
to take part in the Excursion to CERES Community Environmental Park.
I authorise the teacher in charge, where it is impractical to communicate with me,
to administer my child with medical treatment as may be deemed necessary.

Parent/ Guardian Name:_________________________  Date:____________________

Parent guardian Signature___________________________________________

Contact number on the Day:_________________________________________

All parents assisting on the day must have a current Working with Children’s Card. (Please note that toddlers are not able to attend this activity.)

I am able to assist with this Excursion.  Yes / No

Working with Children’s Card Number: ________________________________

*Your classroom teacher will notify you prior to the excursion if your assistance is required or not.