Dear Parents/Guardians,

The GRADE 2 SLEEPOVER will be held in Term 4 on Friday 16th October at 5:30pm, finishing on Saturday, 17th October at 8:30am.

The evening will begin at 5:30pm with a barbecue dinner, followed by a variety of fun activities, including a ‘G’ rated DVD.

All children and staff will bunk down in the Library together (girls and boys separated) as this location is closest to the toilets and kitchen facilities.

In the morning, children will have an early breakfast consisting of cereal, fruit and toast, before departing at 8:30am.

Parents are required to sign their child in upon arrival and sign out upon leaving. If you should wish for another adult to collect your child we will require written notification of this before the evening.

If your child requires medication, please hand it to your child’s teacher on the evening, with a completed medication request form, with written instructions (these are available from the office).

The cost for the Grade 2 Sleepover is $20, which includes food and activities. Please do not send any extra food items, including lollies, with your child. If your child has special dietary requirements, please complete the attached form.

Children will require the following items (please ensure that all items are clearly named):

- Sleeping bag or doona
- Pillow
- Pyjamas
- Toiletry bag with toothbrush, toothpaste, hairbrush and hand towel
- Air bed or rolled foam mattress
- Torch
- Plastic plate, bowl, tea towel, cup
- Soft toy

Please return the attached permission form and payment of $20 in the envelope provided by Monday, 5th October 2015 (first day back of Term 4).

If you would like to assist with food preparation in the afternoon, in the evening, or in the morning, please complete the attached form and return to school by Monday 5th October. Please remember you must have a current Working with Children Check, which is registered at the office.

We are looking forward to a wonderful evening.

Grade 1&2 Team
PERMISSION FORM – GRADE 2 SLEEPOVER

I give permission for my child _______________________________ in Grade 1/2 _______ to attend the sleepover on Friday, 16th October 2015.

Please find enclosed $20.00 to cover the cost of food and activities.

I authorise the teacher in charge to consent, where it is not possible to communicate with me, to my child receiving such medical or surgical treatment, which may be deemed necessary.

(Signature of Parent/Guardian) ______________________________ (Emergency Phone No.) ______________________________

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FOOD ALLERGIES/REQUIREMENTS

My child __________________________________________ in Grade 1/2 _______

has special food requirements as stated below:(eg no cow's milk)

……………………………………………………………………………………..

(or) they are allergic to the following:(eg. nuts, eggs)

…………………………………………………………………………………………

A full medical form will be sent home closer to the date.

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PARENT ASSISTANCE

Parent Name: ______________________________ Child’s Grade – 1/2____

Email: ______________________________ Mobile: ______________________________

I can assist with food preparation between the hours of 2:30pm – 3:30pm   ☐

I can assist with food preparation between the hours of 4:30pm – 6:00pm   ☐

I can assist with food preparation between the hours of 7:00am – 8:30am   ☐

I have a current Working with Children Check Yes / No (Please circle)

(When completed, please return to your child’s teacher.)