



MAJURA PRIMARY SCHOOL

Knox Street, Watson ACT 2602

Phone (02) 6142 3140
admin@majuraps.act.edu.au www.majuraps.act.edu.au



PARENT CONSENT FORM

VENUE AND PURPOSE

CMAG: What Do Artists Make: Canberra Stories

This is an exciting way of introducing children to art forms in a gallery setting. The CMAG education program offers a wide range of learning experiences. This program develops an understanding and appreciation of the role of a museum. It is designed as an interactive experience; the program is held in the gallery spaces with accompanying practical sessions in the studio.

EYLF OUTCOME 2: Children are connected with and contribute to their world. 2.1 Children develop a sense of belonging to groups and communities and an understanding of the reciprocal rights and responsibilities necessary for active community participation.
4: Children are confident and involved learners

DATE OF INCURSION

Thursday 16 May

TIME OF EXCURSION

9.30am -12.45pm

CLASSES INVOLVED

Preschool - Purple Possums (Dyindan)
Preschool - Yellow Turtles (Gudamang)

TEACHER IN CHARGE

Sue Frost & Kelly Hutchings

PARTICIPATING STAFF

Sue Frost, Kelly Hutchings, Karen Vey and
Mel Loughton

MODE OF TRANSPORT

Bus

COST PER STUDENT

\$14.00

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

EMERGENCY PHONE

(02) 6142 3140

ADDITIONAL INFORMATION

We are required to have a ratio of one adult to every four children on this excursion.

Parent volunteers will be required to attend to assist with supervision (siblings are unable to attend). Please inform Kelly or Sue if you are able to assist with this excursion signing on the displayed notice.

Please send your child to Preschool with morning-tea in a paper bag labelled with your child's name. Their lunch and drink bottle will remain at Preschool. *Your child will also need closed sensible shoes (no thongs, crocs, sandals or ballet shoes please).*

Sue Frost and Kelly Hutchings
Preschool Teachers

Daniel Zobel
Principal

Please fill in the attached form and return it to the front office by: Monday 13 May

Notes will not be accepted after this date.

\$14.00



MAJURA PRIMARY SCHOOL

Knox Street, Watson ACT 2602

Phone (02) 6142 3140
admin@majuraps.act.edu.au www.majuraps.act.edu.au



PLEASE RETURN TO THE FRONT OFFICE BY: Monday 13 May

Child's Name _____ Class Teacher _____

I consent to my child attending **The Canberra Museum and Gallery Excursion**

Please tick the appropriate boxes:

- I have enclosed **\$14.00** in full payment.
- Quickweb Reference: **CMAG**
 Direct Debit
 EFT at Office
 Cash
- BSB: 032 777
 Account Number: 001594
 Reference: Surname/CMAG

I authorise for the teacher in charge to make arrangements for the welfare of my child (including medical) in an emergency

I agree to meet the costs associated with an emergency arrangement made by the teacher in charge – fee of ambulance transportation (free within the ACT).

I agree that the student will be under the authority of the school for the duration of the excursion, and that the teacher in charge is authorised to return the student home at the expense of the parent/guardian if the teacher in charge considers that circumstances warrant such action.

I agree to the student travelling by private car, driven by a staff member, if applicable.

Staff accompanying students on excursions will take all reasonable care while the students are in their charge to protect them from injury and to control and supervise their behaviour and activities.

Parents should be aware that staff members are not responsible for injuries or damage to property which may occur on an excursion where, in all circumstances, staff have not been negligent. Parents should warn children of the risk to themselves, to others and to property, of impulsive, wilful or disobedient behaviour.

The school has made every effort to keep costs for this activity at a reasonable level. If you require financial assistance please make an appointment to speak to the Principal.

I have read the attached information regarding this excursion and understand what it contains.

Full name of parent/carer: _____ (please print)

Signature of parent/carer: _____ Date: ____/____/____

Contact Numbers: (h) _____ (w) _____ (m) _____