

# ST JUDE'S PRIMARY SCHOOL

49 Mulley Street, Holder ACT 2611  
PH: (02) 6288 7688  
EMAIL: office.stjudes@cg.catholic.edu.au  
WEB: www.stjudesps.act.edu.au

## Camp 2020 for Years 5 and 6 Students

As the year is rapidly drawing to a close, I thought it timely to write to you and your child about the camp for Years 5 and 6 students to be held early in Term 1 next year.

**VENUE** Berry Sport and Recreation Centre, Berry, NSW

**DATES** Leaving St Jude's on Wednesday 12/2/2020 at 6:45am sharp. Please arrive 15 minutes early.

Returning to St Jude's on Friday 14/2/2020 for a 5:00pm arrival. Please ensure there is an adult to collect your child/ren.

**TRANSPORT** Coach

**ACCOMMODATION** Cabin style accommodation

**COST** The cost for the camp will be \$350 per child which includes transport, accommodation, all meals and all leader lead activities mentioned below. This is a lot of money. ***It is hoped that with a good deal of notice the students might be able to save or earn money to help towards the cost of the camp. No child will miss out on attending the camp due to their family's inability to pay.*** Please do not pay now.

**PURPOSE OF THE CAMP** - Having camp early in the year will encourage and allow opportunities for the students to get to know their classmates in a relaxed and enjoyable format. It will be a good opportunity for team building. It is also a good opportunity for the staff to understand and learn more about the students in their class and help build positive relationships for the year.

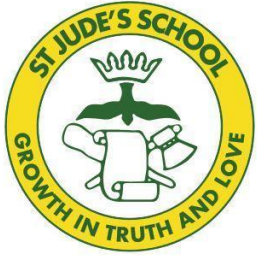
**ACTIVITIES** - Students take part in fun group challenges and activities that promote key learning through:

- 1) Relationships - developing skills in communication, problem solving, cooperation, negotiation, respect and care.
- 2) Outdoors – nurturing an appreciation of the natural environment and sustainability.
- 3) Action – reinforcing the importance of physical activity for wellbeing.
- 4) Resilience –collaborating, negotiating and reflecting on difficult challenges to build courage and strength.

I encourage you to discuss next year's camp with your child. If there are concerns you may have then feel free to discuss them with me or your child's current teacher.

Yours sincerely

Peter Galvin  
Principal  
5 December 2019



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Berry Sport and Recreation Centre requires you to complete an online form on behalf of your child. Once you submit the form, the information is sent to the Centre so the staff can prepare for your child's visit.

The information that Sport and Recreation needs about your child includes:

- medical conditions
- food related allergies
- special diets
- medication
- emergency contact details
- media consent

**Please complete** the Medical and Consent Form at:

<https://sportandrecreation.nsw.gov.au/facilities/medicalandconsentform>

It is vital that you enter the following details to complete the online form by **Wednesday, 22 January, 2020.**

Booking Number: **551575**

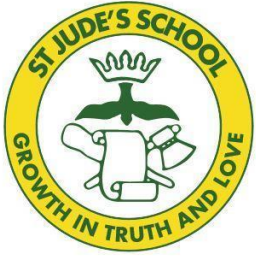
Camp 2020 dates: Wednesday 12/2/20 – Friday 14/2/2020.

Booking Venue: Berry Sport and Recreation Centre.

For information on camp life and what to pack, go to

[sportandrecreation.nsw.gov.au/schoolcampparentinfo](https://sportandrecreation.nsw.gov.au/schoolcampparentinfo)

In addition to the online form, please fill in the slip on the next page (for St Jude's records) and return it to your child's class teacher.



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## **PERMISSION NOTE – Berry Sports and Recreation Centre**

*Please complete and return to school no later than **Friday 7<sup>th</sup> February 2020.***

**Child's Name:** .....

**Class:** .....

I hereby give permission for my child \_\_\_\_\_ to attend the Year 5/6 excursion to Berry Sports and Recreation Centre on the 12<sup>th</sup>, 13<sup>th</sup> and 14<sup>th</sup> February 2020. I give permission for him/her to travel to and from the venue by bus. I give permission for him/her to take part in any activities arranged. In the event of any accident or illness, I authorise the obtaining on my behalf of such medical assistance as my child may require. I also undertake to pay medical fees and/or cost of medication which may be incurred.

Special conditions or requirements (please list)

Name (Parent/Caregiver):

.....

Date: .....

Signature (Parent/Caregiver) :

.....