



Phone 5986 4884

Facsimile 5986 1001

Email: eastbourne.ps@edumail.vic.gov.au

19th April 2018

Dear Parents,

To further build relationships between students and teachers we will be having a Year 6 sleepover on **Thursday 31st May**. Students will participate in a normal school day on Thursday and stay through until Friday afternoon. We will be setting up "camp" in the Recreation Centre. The girls will be sleeping on one side of the floor and the boys will be sleeping on the other side. We will be providing afternoon tea and dinner on Thursday as well as breakfast, morning tea and lunch on Friday.

We will be participating in a range of team building activities and having lots of fun together. This is a great opportunity for your child to experience a sleepover away from home in preparation for Year 6 camp in Term 4. On the Friday, we will be continuing our team building through PJ day. The students (and teachers) will be spending the day in their favourite PJ's. **The cost of the sleepover will be \$15.** This will include all food and activities.

The note and money is required by Friday 18th May. No late money will be accepted. If you a recipient of CSEF it is possible to use this for this activity.

What to bring:

Bedding – doona or sleeping bag, pillow

Mattress – please provide own pump if required

Blanket for extra warmth

PJ's – one set to sleep in and one set to wear on Friday (appropriate for weather and not too revealing)

Warm hoodie or coat/dressing gown to wear outside

Clean underwear and socks

Toiletries (there are no shower facilities)

Any medication required must be labelled and handed to teacher on Thursday (including Epipens and asthma puffers)

No technology allowed – If your child needs their phone for use on the Friday we will lock it away safely until required.

No extra food or drink required

Students can drop their belongings (bedding, overnight bag, etc.) to the hall from 8.15am Thursday morning.

Regards

Kate Stranger and Carli Hunter

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YEAR 6 SLEEPOVER 2018

I give permission for my child _____ Room No. ___ and

Enclose \$15.00 Please use CSEF for this activity (if eligible) Payment has been made by direct deposit

When The Teacher in Charge of the activity is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

- Consent to my child receiving any such medical, dental or surgical treatment as may be deemed necessary by a medical practitioner;
- Administer such first aid as the teacher in charge may judge to be reasonably necessary
- And I agree to meet any cost incurred for ambulance service should it be required.

Please indicate if your child suffers from either or both of the following:-

Asthma

Epipen Any medication must be given to your child's teacher

Signed _____

Date _____

Parent/Guardian