Morang South
Primary School

Grade 2 Sleepover!

Dear Parents/ Carers,

As part of our whole school camping program, a sleep over for all grade 2 students will be held at school on **Friday 25th November through to Saturday 26th November 2016**. The children and staff will sleep in the Killara gym. Activities will be organised for the children along with a video. Supper and breakfast will be provided.

Who:	All grade 2 children
When:	Friday November 25th 2016 6:30 pm
Where:	Killara Gym
Cost:	$7.50 to cover the cost of supper and breakfast. Children have dinner at home first.
Wear:	Tracksuit (appropriate clothing for outside games) and runners

Bring: P. J's   toothbrush and toothpaste   face washer/soap   pillow
sleeping bag (or equivalent)   air mattress (or equivalent)   **PUMP to inflate mattress**
teddy bear   slippers   water bottle   torch

Sign & Return: Permission form and payment is DUE BACK to school by Monday November 21st.

Please clearly label any medicines required by your child and place in a clear plastic bag.
Please give these medicines to your child's teacher with written instructions.

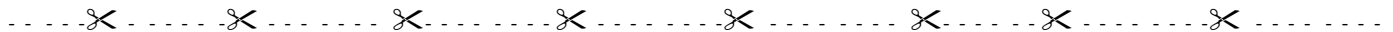Please label all of your child's belongings so lost articles can be returned.

SLEEPOVER PROGRAM
FRIDAY

3:30pm	Normal School dismissal
6.30pm	Grade 2 children arrive at Killara gym with parent and sleeping gear. Parent signs their child in and help their child set up bed.
7.00pm	Activities for the rest of the night will include: games, talent quest, supper and an appropriate G DVD.

SATURDAY

7:30am	Breakfast and pack up
8:00am	Parents arrive at Killara gym and sign children out

Grade 1 /2 Teachers

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GRADE 2 SLEEP OVER 2016
I hereby give permission for my child _____ to attend the sleepover at Morang South Primary School on Friday 25th and Saturday 26th November.
I authorise the teacher in charge to consent, where it is impracticable to communicate with me, to the child's receiving such medical or surgical treatment as may be deemed necessary should the situation arise.

ENCLOSED IS **$7.50** Please tick method of payment ☐ cash/cheque, ☐ Eftpos, ☐ CSEF ☐ BPay

If paying by BPay please enter the receipt number here _____ Date: _____

Emergency contact numbers
_____

Please specify any medical or conditions we need to be aware of and speak to your child's teacher if you have any concerns. (bed wetting, sleep walking, asthma, allergies etc.)

_____

Parent's signature: _____   Date: _____