

Nutrition Magician – Mind Your Manners Show for Echidnas

A truly hilarious show where all the children learn how to become "Manners Magicians"
The magic happens in the children's hands, as volunteers are picked from the audience to help perform unbelievable magic and learn valuable lessons.

During the performance we learn about:

- *Manners and respect*
- *Feelings*
- *Acceptance*
- *Empathy*
- *Tolerance*
- *Sharing and Co-operation*
- *Teasing*
- *Resilience*

DATE:

Thursday, 11 April 2024

STARTING AT APPROX:

10.30 am

FINISHING AT APPROX:

11.30 am

VENUE:

Monash Preschool

TRAVEL ARRANGEMENTS:

N/A

COST PER STUDENT:

\$15.00

CLASSES INVOLVED:

Echidnas

TEACHER IN CHARGE:

Ronnie Pearce

ITEMS TO BRING:

Items for a normal day at Preschool.

PAYMENT OPTIONS:

Pay using your credit/debit card by:

1. Visiting the following link: www.monashps.act.edu.au/payment
2. Follow the instructions on our Westpac Quickweb form, including the fee code:
Pre Nutrition Magician

Alternatively, you may wish to pay in person by EFTPOS at the Front Office.

**Please keep this information page, then complete the permission form
and return it to the front office (with payment) by Friday, 5 April 2024.**

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PLEASE RETURN TO THE FRONT OFFICE BY FRIDAY, 5 APRIL 2024

**Student
Name:**

Class:

I hereby consent to my child attending Mind Your Manners Show on Thursday, 11 April 2024.

Fee Code: Pre Nutrition Magician Cost: \$15.00

Please check the appropriate boxes:

- I have read and understand the attached information page for the event/excursion and I consent to the payment. *PLEASE NOTE: If you fill in this form, your personal information and that of your child will be collected and handled by the ACT Education Directorate (ETD) (Monash School). This information is necessary for us to be able to manage student participation in excursions, and support the welfare and safety of your child. If you do not consent to supply us with this information your child will be unable to participate in the excursion.*
- I confirm payment of \$15.00 via Westpac Quickweb (<http://www.monashps.act.edu.au/payment>) using Reference: Pre Nutrition Magician
- I confirm payment of \$15.00 by EFTPOS / Cash at the front office.
- I understand that the ACT Government (the Territory) does not meet all claims for injury, disease or illness to students resulting from school activities or school organised excursions. Claims are only met where there is a liability to do so. Liability is not automatic and depends on the circumstances in which the injury was sustained. I understand I should obtain my own advice about insurance protection which may assist in meeting expenses if my child is injured in circumstances where there is no liability on the part of the Territory. The ACT Ambulance Service provides free ambulance transport for students who are injured or suddenly become ill at school or during school-approved activities within the ACT. Excursions to states and territories outside the ACT are not covered by free ambulance transport.
- In serious cases where medical attention is necessary, and a parent/carer is not available, I authorise the school to make arrangements for the welfare of my child (including transport and medical/surgical treatment).
- I agree that my child/children will be under the authority of the school for the duration of the excursion and that the school is authorised to return the student home at the expense of the parent/carer if the school considers that circumstances warrant such action.
- The medical information and emergency contact numbers for my child/children held at the school are correct and up to date.
- I need to **UPDATE** the information held at the school as follows: *(ONLY FILL IN IF THE SCHOOL DOES NOT HAVE THIS INFORMATION)*
- | | | |
|---|--|---------|
| <input type="checkbox"/> Parent/Carer Number: | Name: | Number: |
| <input type="checkbox"/> Parent/Carer Number: | Name: | Number: |
| <input type="checkbox"/> Home Telephone Number: | | |
| <input type="checkbox"/> Please change my "Other Emergency Contact" to: | <i>(please include full name and contact number)</i> | |
| <input type="checkbox"/> WWvP Card No. | | |

Full Name of Parent/Carer:

Date: