What’s happening on the holidays?

Working Bee
The final amphitheatre working bee is happening tomorrow.

Hopefully with enough hands to help us on Saturday we will be able to finally finish this task. Remember the many hands make light work. Please phone Craig on 0431 057 940 if you can help.
If you can just spare an hour of your time this will help us complete this task that will be amazing.
If you want some red gum fire wood come along and help clear the old sleepers.
Cornelia is providing scones, jam and cream at Saturdays working bee and maybe some other light refreshments.
28th March – Saturday 8am to 2pm

Rhododendron Gardens Family Fun Day
Please support our school by coming along and buying a sausage or two, pumpkin soup, healthy muffins and chocolate bars to name a few things on offer.

Parents if you can spare an hour or two to help sell the produce please phone Cornelia on 0434 827 167 to put your name down.

Next term
We will be offering a swimming program at the Monbulk Pool starting on Monday 20th April. The program runs over two weeks – which includes ten sessions finishing on Friday 1st May.
The cost of the program is $120 per child. This includes pool entry, bus costs and lessons.
The children will have forty five minutes of swimming instruction each day.
• Please return the permission for below with a deposit of $50.00 prior to Friday 27th March.
  (Balance due by Wednesday 15th April).

If you have any questions please speak to Cornelia to arrange a payment plan.
PERMISSION FORM

I give permission for my child/children:

____________________________________________________________________________________________

to participate in the 2015 Intensive Swimming Program at Monbulk Aquatic Centre, each weekday morning from Monday 20th April 2015 until Friday 1st May. I understand that the children will be travelling by bus fitted with seat-belts to and from Monbulk.

I further give permission, where it is impracticable to contact me, for the teacher-in-charge to authorise such medical/surgical treatment as may be necessary in case of accident. I agree to be responsible for any costs associated with such treatment, including travel by ambulance.

Signed: ____________________________ Date: _________________

Parent/Guardian Name and Contact Number/s

Name: ______________________________ Contact Number: ______________________________

Second Contact Name and Number:

Name: ______________________________ Contact Number: ______________________________

Special requirements/allergies for my child/ren:

____________________________________________________________________________________________

Deposit included: $50 per child □

My child is covered by an Ambulance Victoria membership/equivalent: □

Medicare Number: ______________________________