



Dear Parent / Carer / Guardian,

I am pleased to provide you with the following details regarding our upcoming incursion in **Term 3**.

- Incursion name:** EDU-DANCE Program
- Class/Year groups attending:** Pre-primary to Year 6
 The EDU-DANCE Program (PP - Year 6) will run **EVERY TUESDAY** commencing **TUESDAY, 30 JULY (WEEK 3) until TUESDAY, 17 SEPTEMBER (WEEK 10) and MONDAY 5 AUGUST & MONDAY 26 AUGUST (WEEK 4 & 7 extra session)**.
- Incursion date:**
- Incursion cost:** Each student has **nine (9) sessions**, and the total cost is **\$39.00 per student**.

All students from Pre-primary to Year 6 will be involved in a dance program run by EDU-DANCE. The Dance Program is the social highlight of the year for many of our students. The program fulfils the Physical and Health outcome requirements (Dance element) for students and covers many other aspects such as coordination, musical appreciation and self-confidence, and gives many children the opportunity to experience the excitement of performing in front of an audience. Most importantly it is promoted as a program for fitness and fun.

**Please complete, sign and return the section below to the school with payment
 By Wednesday, 24 July 2024.**



PARENT/GUARDIAN/CARER INCURSION CONSENT FORM

PAYMENT CAN BE MADE DIRECTLY TO THE SCHOOL'S BANK ACCOUNT
COMMONWEALTH BANK | BSB: 066-040 | ACCOUNT: 1990 6029 | REFERENCE: Surname & TA

I consent to (your child's name): _____ of TA: _____
 Participating in the **EDU-DANCE Program EVERY TUESDAY from 30 JULY until 17 SEPTEMBER 2024**.

- I have paid \$39 to the school by Direct Deposit. RECEIPT NO: _____
- I have paid \$39 to the school via Qkr.
- Pre-payment made to school (if you have credit on your child's account)

Student health considerations: If your child's medical condition has changed or your child has special needs, please provide full details and include any relevant medical details below:

Parent/Carer/Guardian consent: I give permission for my child to receive medical treatment in case of emergency. I am aware that the school and its employees are not responsible for personal injuries or property damage that may occur on an incursion, unless the school or its employees are proven to be negligent.

Emergency Contact Name: _____ **Mobile:** _____

Signature: _____ **Date:** _____