

# TAONGA CAMP DAY!



Dear Parents,

We are excited to let you know that Taonga Syndicate is planning a Camp Day at school **on Friday 16<sup>th</sup> March**. This event will be linked to our Growth Mindset learning of *building resilience*.

On Friday, our whole syndicate will be involved in a variety of camp activities at school. All children will go home at 3pm as usual but the **Year 2** children are invited to come back at 5pm to stay for the night.

There are **2** options for the Year 2s:

**In a tent** - you will need to provide your own tent and be able to stay overnight with your child.

**In the hall** – some parents will be needed to help with supervision.

Thank you,

Taonga Syndicate Teachers

.....

## For students of Year 2 only: YEAR 2 CAMP – FRIDAY 16 March

Please tick the appropriate box.

My child will not be staying overnight.

My child and I will be bringing a tent and staying overnight.

My child will be sleeping overnight. I **will be/will not** be staying overnight.

Child's name and Room number: .....

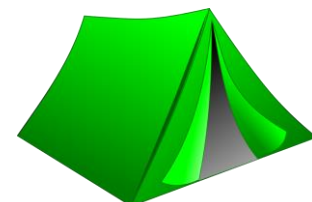
Parent's name.....

I understand that all adults are required to complete a police vetting form at the office in order to sleep overnight. Please see Kathryn O'Reilly-Dodd or the office if you require further information about this process.

Signature: \_\_\_\_\_

Contact number: \_\_\_\_\_

Thursday 1<sup>st</sup> March



Dear Parents of Year 2 children,

If your child is attending our overnight camp starting at 5 pm can you please bring with them:

- A tent (if you are camping on the field)
- Mattress to sleep on
- Pyjamas
- Bedding, pillow etc.
- A bowl, mug, and spoon
- A small plate of food for a shared supper e.g. baking or fruit

Breakfast to be provided in the morning by the school: cornflakes or weetbix with milk.

Please return this form below to your child's teacher (along with the attached form) if there is any additional information we need to know about your child that we don't know already:

---

#### YEAR 2 CAMP – ADDITIONAL INFORMATION

Child's Name \_\_\_\_\_ Room Number \_\_\_\_\_

Medical conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication required: \_\_\_\_\_

Dietary requirements: \_\_\_\_\_

Please note anything else we need to know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_