



Aroha Camp 2018

Year 5 - Tuesday 12 November - Friday 15 November

Year 6 - Tuesday 20th November - Friday 23rd November

This year our Aroha Camp will be split over two weeks. Year 5 children will go from Tuesday 12th November until Friday 15th November. Year 6 children will go from Tuesday 20th November until Friday 23rd November. We are very excited to be able to offer our Aroha students opportunities to be involved in activities such as bush skills, team building, zip lining, abseiling and much, much more!

We will leave school at approx 9:30am on the Tuesday and arrive back around 2:30pm on the Friday. It is looking as though this camp will cost around \$220, which covers transport, programmes, and all food over the four days. We will confirm this price when more quotes have been finalised. We will endeavour to do some fundraising in the hope of bringing this cost down. Please return the form and make your deposit by the end of Term Two (Friday 6 July). There will be no refunds after this point, except for medical reasons.

We will be looking for parent help for this camp. We will need a range of males and females to stay for the whole time, including days and overnight. Please indicate below if you are able to help with either of these, we will be in touch by the end of July to confirm when/if you are needed. All parent helpers will need to be Police Vetted prior to this, please email Natalie (natalie@staff.matipo.school.nz) if you'd like a form and we can get this to you. We are aware that there will be lots of parents who would like to help so we will try to make this as fair as possible.

You may like to pay the camp off a small amount per week, and you can do this by depositing a chosen amount into our school bank account. Please return the form to your teacher and pay your deposit into the school account as follows:



Please pay \$50 deposit into the school account for the camp by Friday 6th July

Matipo Primary School - ASB - 12-3038-0271694-01

When processing your payment please use the following format:

Particulars: Your child's name

Code: Classroom number

Reference: Aroha Camp

Aroha Camp Return Form

Name: _____ Room: _____ has permission to attend the Aroha camp at Motu Moana in November 2018.

Signature: _____ Date: _____



I am / am not able to help with the camp.

Parent Name: _____ Mobile: _____

Email: _____

Deposit paid or Full amount paid date paid: _____

Medical Conditions / Allergies: _____

Medication Required: _____

Dietary Requirements: _____

Please note anything else we need to know: (eg: sensitive issues)