



# Figtree Heights Public School

Principal: Raelene Redfern

Phone: 4228 6555  
figtreehts-p.school@det.nsw.edu.au  
www.figtreehts-

## YEAR 3 & 4 CAMP STANWELL TOPS CONFERENCE CENTRE Wednesday 28 July – Thursday 29 July 2021

Dear Parents,

We are excitedly planning for our Stage 2 Camp for Years 3 & 4, which will be held at Stanwell Tops in July. At this camp students will be involved in a range of supervised outdoor and problem-solving activities which will foster positive relationships, social skills, personal confidence and respect for our environment.

### Dates and Times:

**Depart School:** Wednesday 28 July 8:30am

**Return to School:** Thursday 29 July 3pm

**Cost: \$180** which covers transport, accommodation, food and supervised activities. You may pay in full or by instalments with **full payment due by Friday 21 May 2021**. We are accepting payments now. An instalment sheet has been included for your convenience.

If you would like your child to attend, please **complete the reply slip attached and return it to school by Friday 30 April**. *Payment is not due until Friday 21 May.*

POP Reference: Stanwell Tops

### Activity Program

Wednesday	
8:15am	Students assemble at school for departure
9.30am	Arrive at camp
9.45am	Morning Tea/settle in
10:00-12:00am	Group Games
12:00-12:45pm	Lunch
12:45-2:45pm	Activity Session 1
2:45-3:15pm	Afternoon Tea
3:15-5:15pm	Time in rooms, ball games, board games
6:00-7:00pm	Dinner
7:00-9:00pm	Movie

Thursday	
7:00-7:30am	Vacate Rooms
7:30-8:15am	Breakfast
8:15-10:15am	Activity Session 2
10:15-10:30am	Morning Tea
10:30-12:30pm	Activity Session 3
12:30-1:15	Lunch
2:00pm	Depart
<b>3:00pm</b>	<b>Pick up from school</b>

For more information on the venue visit <http://www.thetops.com.au>

Thank you,  
Stage 2 Teachers





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## EQUIPMENT LIST

Here is a list of things to bring.

Use the boxes as a checklist as you pack them.

Remember that you will need to carry all your things from the bus to the lodge.

### What do I bring?

- Personal Medication if needed – LABELLED** with dosage instructions, sealed in a plastic bag with child's name on it. Hand it to your teacher at school before we depart.
- Wet weather gear / rain coat (2 cheap plastic ponchos are a great idea as one often gets damaged on the harnesses). The activities will go ahead in light rain.
- Hat
- Jumper and / or Jacket
- Sun Screen
- Personal Insect Repellent
- Water bottle
- Linen: 1 base sheet + top sheet & pillow case **or** sleeping bag & pillow case
- Toiletries (soap, toothbrush, toothpaste, brush/comb, hair ties (long hair must be tied back))
- Bath Towel
- Sleep Wear (we will have a movie night!)
- Underwear
- Change of clothes for each day **plus** one extra set (we may get wet if it rains)
- Covered shoes (sandals are not recommended for outdoor use on site)
- Thongs (optional for shower)
- Extra pair of covered shoes – they can get wet if it rains
- Socks
- Full length tops to cover body when wearing harnesses – **no midriff tops** and **no singlet tops (all tops must cover your shoulders)**!
- a big smile, lots of enthusiasm, and be ready to have FUN!!!

**Note:** Outdoor activities may result in damage / soiling of clothing. Please ensure clothing is suitable for outdoor recreational use.

### Extra things:

- Garbage bag to take wet / dirty clothes home in
- Camera – optional. Students are responsible for their own cameras
- A cuddly friend for bedtime (teddy?)
- A good book for "quiet time" just before bed and early morning

### Don't bring these things:

- digital equipment such as ipods, etc
- phones (the teachers will have a phone if parents need to contact us)



### Contact Numbers for Parents in case you need to contact us while we are at camp.

The Tops 1800 816496, your child's teacher via Seesaw or you can call the school office 4228 6770 during school hours and they will get in contact with us.



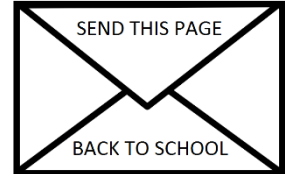
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## PERMISSION NOTE

### FHPS YEAR 3 & 4 CAMP STANWELL TOPS CONFERENCE CENTRE



My child..... in class ..... will be attending the Yr 3 & 4 camp at "The Tops". **Please return permission note by Friday 30 April.**

I agree to pay \$180 by Friday 21 May.

Parent Name: ..... Parent Signature.....  
Date:.....

## SPECIAL DIETARY REQUIREMENTS

Please indicate any special dietary requirements. A teacher will follow up with you soon.

## ACTIVITIES PERMISSION

My Child will be able to participate in the following activities.

Tick here	Year 3 Activities
	Team Initiatives
	Ponding
	Vertical Cluster

Tick here	Year 4 Activities
	Survivor
	Giant Swing
	Archery

Please tick each activity if you give permission for your child to take part in the activity.

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Signed: \_\_\_\_\_

**PLEASE ENSURE YOU FILL IN MEDICARE DETAILS ON THE PARTICIPANTS DETAILS FORM**



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To: The Churches of Christ Property Trust  
(This form will be retained by 'The Tops'  
If you require a copy, please arrange it prior to arrival)

## A

### PARTICIPANT DETAILS

Name \_\_\_\_\_ The participant's age \_\_\_\_\_

Address \_\_\_\_\_

P/code \_\_\_\_\_ Phone. (H) \_\_\_\_\_ (W) \_\_\_\_\_

Name of Group \_\_\_\_\_

## B

### The participant warrants:

the participant is a member of the following medical fund \_\_\_\_\_

the participants member number of that fund is \_\_\_\_\_

the participants medicare number is \_\_\_\_\_

that apart from the "Disclosed matters" the participant has no current illnesses, injuries or other adverse medical condition and is in good health. The disclosed matters are: The participant should here set out any illness, adverse medical condition or ill health from which the participant is suffering or has suffered or write NIL.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** If the above information has already been collected by the organiser then only Part C needs to be added and supplied to the Tops.

## C

### ACCEPTANCE / ACKNOWLEDGEMENT OF RISK

*The participant acknowledges that a reference to The Trust in this section C includes its servants and agents and further acknowledges that by reason of the nature of activities in which the participant may participate in at The Tops Conference Centre (site) that there is a risk of injury to the participant and/or a risk of an adverse affect to any current or past medical condition of the participant. **The participant acknowledges and agrees that the participant accepts that the participant engages in activities on the site at the risk of the participant.** The participant gives the trust authority, where circumstances deem it necessary, to obtain medical and ambulance assistance for the participant in the case of the participant suffering injury or ill health while on the site. For risk assessment information please visit [www.thetops.com.au](http://www.thetops.com.au) and follow the links to risk assessment.*

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Sign. (u18's) \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Participant \_\_\_\_\_



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## PAYMENT INSTALMENT SLIPS - \$180

**Cash Payment Record Slips - Final Payment due Friday 21 May 2021.**

**PARENT COPY**

**✂ SCHOOL COPY**

Parent Payment Slip  
*(keep this at home)*  
Stanwell Tops Centre Camp  
Date: \_\_\_\_\_

Payment: \_\_\_\_\_

POP Ref No \_\_\_\_\_

Balance: \_\_\_\_\_

School Payment Slip *(send in with payment)*  
**Stanwell Tops Centre Camp**

Child's Name: \_\_\_\_\_

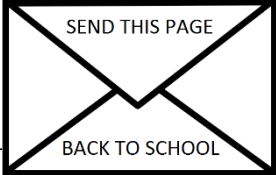
Class: \_\_\_\_\_

Cash / Cheque / POP

Ref No: \_\_\_\_\_

Date: \_\_\_\_\_

Payment Amount: \_\_\_\_\_



Parent Payment Slip  
*(keep this at home)*  
Stanwell Tops Centre Camp  
Date: \_\_\_\_\_

Payment: \_\_\_\_\_

POP Ref No \_\_\_\_\_

Balance: \_\_\_\_\_

School Payment Slip *(send in with payment)*  
**Stanwell Tops Centre Camp**

Child's Name: \_\_\_\_\_

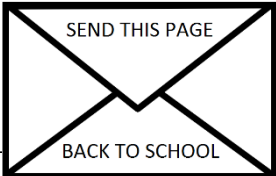
Class: \_\_\_\_\_

Cash / Cheque / POP

Ref No: \_\_\_\_\_

Date: \_\_\_\_\_

Payment Amount: \_\_\_\_\_



Parent Payment Slip  
*(keep this at home)*  
Stanwell Tops Centre Camp  
Date: \_\_\_\_\_

Payment: \_\_\_\_\_

POP Ref No \_\_\_\_\_

Balance: \_\_\_\_\_

School Payment Slip *(send in with payment)*  
**Stanwell Tops Centre Camp**

Child's Name: \_\_\_\_\_

Class: \_\_\_\_\_

Cash / Cheque / POP

Ref No: \_\_\_\_\_

Date: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

