



**MERIDA PRIMARY SCHOOL**

**TERM 2 YEAR LEVEL ACTIVITY PLANNER – Year Prep 2018**


<b>EXCURSION OR ACTIVITY for Term 2 2018 – Signed permission and payment is required by Monday 14th May</b>	<b>COST</b>
☺ Incursion – Bully Bull Ring Production – Monday 21st May	\$5.00
☺ Bundoora Park Farm – Tuesday 12 <sup>th</sup> (Prep A, B, C, D,) (Prep E last names A-K) or Wednesday 13 <sup>th</sup> June (Prep F, G, H, I) (Prep E last names L-Z)	\$25.00
<b>TOTAL</b>	<b>\$30.00</b>

☺ <b>Swimming (Term 4) - DEPOSIT due by Monday 25<sup>th</sup> June</b> Swimming will commence in Term 4. The total cost is \$120; a second deposit of \$40 will be required this term. Parents are able to pay the remainder in two instalments of \$40 or alternatively can pay the remainder in one full payment of \$80 at a specified date in Term 3.	<b>\$40</b>
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Cut along this line. Keep the top part as your reminder for the term’s activities and excursions and return the consent form and payment below to the school by **Monday 14th of May**. **Swimming deposit payment must be paid by Monday 25<sup>th</sup> June.**

Retain by Parent

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☺ Bundoora Park Farm – Tuesday 12 <sup>th</sup> or Wednesday 13 <sup>th</sup> June	\$25
<b>TOTAL</b>	<b>\$30</b>
☺ <b>Swimming (Term 4) DEPOSIT due by Monday 25<sup>th</sup> June</b>	<b>\$40</b>
I am paying by	
<input type="checkbox"/> Cash	<input type="checkbox"/> Qkr
<input type="checkbox"/> Credit Card	<input type="checkbox"/> EFT
Mernda Primary School- Credit Card Voucher (Include deposit cost ?)	
Payment for (Name of Excursion) _____ Date: _____	
Student Name: _____ Year Level: _____ Grade: _____	
Please charge my: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard Amount: _____	
Card Number: _____ Expiry Date: __/__/__	
Name on Card: _____ Signature of Cardholder: _____	
 <b>MERNDAPS</b> Download Qkr on your mobile, type in or scan the code <b>MERNDAPS</b>	

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 I give permission for.....in Grade ..... to attend the above activities and incursions. I authorise the teacher in charge of the excursion/incursion to consent where it is impracticable to communicate with me, to the child receiving such medical or surgical treatment as may be deemed necessary and to bear any costs involved.

**Parent Name**..... **Parent Signature**..... **Date**.....  
**Contact No**..... **Medical conditions/allergies**.....