### **Naturaliste Community Centre Vacation Care**

21 Dunsborough Lakes Dr, Dunsborough WA 6281

9755 3966 Email: vacationcare@busselton.wa.gov.au



Dear Families.

# Excursion Permission Slip - Orana Cinema and Busselton Foreshore Playground

Date: Tuesday 22<sup>nd</sup> April 2025

From: Naturaliste Community Centre - Dunsborough Lakes Drive

To: Orana Cinemas (27 Albert Street) and Busselton Foreshore Playground (Foreshore Parade)

Watch a movie, have a popcorn and drink snack in the cinema, picnic lunch and play on the local playground (weather permitting).

**Transportation** - via DR & NK James Bus Service with mandatory seatbelts and restraints to be worn that meet the safety requirements under law.

**Staffing Arrangements** -6/7 adult staff will accompany and supervise children (ratio 1:11) during the transportation and excursion, with up to 65 children to be in attendance on the day.

#### **Duration**

- 10:00am Travel from NCC to Foreshore Playground.
- 12:30pm Depart Foreshore playground and travel to Orana Cinema.
- 3:00pm Depart Orana Cinema and return to NCC
- Arrive back at approximately 3:30pm

A risk assessment and written policies and procedures are available.

#### Please ensure you pack the following items for your child:

- Lunch box with morning tea, lunch, afternoon tea and a water bottle
- Pack a hat and wear closed in shoes
  - Spare clothes in case we get wet
  - Sunscreen only if your child requires a specific type

Please come and see me if you have any questions or concerns about the excursion. For urgent situations the supervisor for the day can be contacted on 9755 3966 or 0436 620 885.

Thank you.

Kayla Sermon and Sue Southern Naturaliste Community Centre Vacation Care Nominated Supervisors

## **AUTHORISED PERMISSION SLIP**

give permission for my child/children:	
(Foreshore Parade) on Tuesday 22 <sup>nd</sup> April 10.00am and returning approximately 3.30 In the event of an emergency, an accident	(27 Albert Street, Busselton) and Busselton Foreshore Playground I 2025, travelling by DR & NK James Bus Service leaving NCC at Opm.  To or illness, I give permission for medical attention to be sought for ported to the nearest available hospital or emergency centre.
Guardian Name:	Contact number:
Signature:	Date: