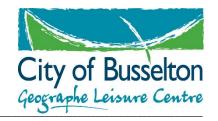
Geographe Leisure Centre Vacation Care

Cnr Recreation Ln & Queen Elizabeth Ave, Busselton WA 6280

9754 3600 Email: vacationcare@busselton.wa.gov.au



Dear Families,

Excursion Permission Slip - Orana Cinema

Date: Tuesday 9th July 2024

From: Geographe Leisure Centre - Cnr Recreation Lane & Queen Elizabeth Ave Busselton

To: Orana Cinemas (27 Albert Street, Busselton) 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

- 10:30 Travel from GLC to Orana Cinema
- 1:00 Depart Orana Cinema and travel to Busselton Foreshore (weather permitting)
- 2.30 Depart Busselton Foreshore and return to GLC
- Arrive back at approximately 3:00pm

A risk assessment and written policies and procedures are available to view upon request.

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
 - o Spare clothes in case we get wet
 - Jacket (if needed)

Please come and see us if you have any questions or concerns about the excursion. The supervisors for the day can be contacted on 08 9754 3600 and 0409 544 548 or 0474 200 752

Thank you,
Jody Stolp and Belle Hancock
Geographe Leisure Centre
Vacation Care Nominated Supervisors.

AUTHORISED PERMISSION SLIP I _______ give permission for my child/children: _______ to attend the excursion to Orana Cinemas (27 Albert Street, Busselton) on Tuesday 9th July 2024, travelling by DR & NK James Bus Service leaving the GLC at 10.30am and returning by approximately 2pm. In the event of an emergency, an accident or illness, I give permission for medical attention to be sought for my child/children and for them to be transported to the nearest available hospital or emergency centre. Guardian name: ______ Contact number: ______

Date:____