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| ***Pupil Free Day –***  ***Friday the 13th of November 2020***  We will be catching a private bus to Adelaide Botanic Gardens  Outside School Hours Care will be open for care between  7am til 6pm.  We will be Visiting Adelaide Botanic Gardens between 9:30am and 2:00 pm  Children MUST be at Brighton OSHC by 9:00 am.  The cost will be $65 before Subsidy has been applied.  BYO Brain Food, Recess and lunch and water bottle.  Childrem must wear inclosed shoes and sun smart hats.  If you require care please fill in the below slip and return by: Monday the 2nd of November.  Thanking you.  ............................................................................................................................  I require care for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ & \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  On Friday the 13th of November  Contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **I give permission for my child to attended the excursion to Botanic Gardens**  **Yes No** | ***Pupil Free Day –***  ***Friday the 13th of November 2020***  We will be catching a private bus to Adelaide Botanic Gardens  Outside School Hours Care will be open for care between  7am til 6pm.  We will be Visiting Adelaide Botanic Gardens between 9:30am and 2:00 pm  Children MUST be at Brighton OSHC by 9:00 am.  The cost will be $65 before Subsidy has been applied.  BYO Brain Food, Recess and lunch and water bottle.  Childrem must wear inclosed shoes and sun smart hats.  If you require care please fill in the below slip and return by: Monday the 2nd of November.  Thanking you.  ............................................................................................................................  I require care for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ & \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  On Friday the 13th of November  Contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **I give permission for my child to attended the excursion to Botanic Gardens**  **Yes No** |