

**TERM 2 CURRICULUM DAY BOOKING FORM**

# VILLAGE CINEMAS



**FRIDAY 19<sup>th</sup> JUNE 2026**

**7am – 6pm Bus Departing 9am**

**Friday 19<sup>th</sup> June – Cost \$104 per child**

Students will be attending a Curriculum Day excursion to Village Cinemas Knox to watch *Toy Story 5*. Children will receive popcorn and a juice box at the cinemas.

After returning to school, we will enjoy a Toy Story themed afternoon with fun activities.

**No Food provided today.** Please provide Breakfast, Lunch and morning and afternoon snacks.

**BOOKING PERIOD INFORMATION**

<b>Families with a Permanent Friday BSC/ASC booking</b>	<b>Community Families</b>
<b>Friday 5<sup>th</sup> June 2026</b>	<b>Monday 8<sup>th</sup> June 2026</b>

Numbers are limited due to staffing capacity please book early to ensure your place.

Children must be enrolled with OSHC before making a Curriculum Day booking.

**TERM 2 CURRICULUM DAY NOTICE**

Child's Name	Friday 19 <sup>th</sup> June 2025 \$104 per child	Total Cost

Contact Phone Numbers on the Day

Name: \_\_\_\_\_

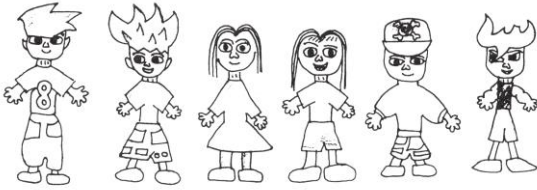
Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

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



**WHEELERS HILL PRIMARY SCHOOL  
OUT OF SCHOOL HOURS CARE**

**EXCURSION PERMISSION SLIP MUST BE RETURNED WITH BOOKING  
FOR CHILDREN TO ATTEND**

All children require this form to attend any excursions and leave the premises to comply with legally binding regulations.

DATE	VENUE & ADDRESS	TIMES	STAFF/CHILD RATIO
19 <sup>th</sup> JUNE	VILLAGE CINEMA - KNOX 435 Burwood Hwy, Wantirna South VIC 3152	9am – 1pm	1/8

TRAVELLING BY SEAT BELTED BUS.

# Risk Assessments are available on request

I (the undersigned parent/guardian of the below named child/ren) agree to allow the below named child/ren to participate in the WHPS Curriculum Day Program & authorise the staff to take the above named child/ren on excursions. I agree to indemnify & keep indemnified & to hold Wheelers Hill Primary School, it's employees from & against all actions, costs, claims, whatsoever which the above named child/ren & I may have against them or any of them arising out of or in relation to the Curriculum Day Program, other than where negligence attaches to them.

In the event of illness or injury to my child whilst attending the Curriculum Day Program; I authorise the Co-ordinator to consent, where the Co-ordinator is unable to contact me; to my child seeking such medical treatment as may be deemed necessary by a medical practitioner.

CHILD'S NAME \_\_\_\_\_

DATE \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_

**##PLEASE NOTE DUE TO TIME RESTRAINTS IF YOU HAVENT ARRIVED BY THE ABOVE TIMES THE SERVICE WILL ASSUME YOUR NON ATTENDANCE AND THE EXCURSION WILL LEAVE ON TIME. THANKYOU FOR YOUR UNDERSTANDING**