



ABN 22 010 555 389  
CRICOS 01085D

# MACKAY CHRISTIAN COLLEGE

a place where you belong



## Early Learning Centre Incursion/Regular Outing Notification Form

**Child's Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Mobile Phone:** \_\_\_\_\_

**Emergency Contact person:** \_\_\_\_\_

**Emergency Contact number:** \_\_\_\_\_

**Incursion/Excursion Type:** MCC Junior Campus including Library, Powerhouse, Classrooms

**Date:** Any Time

**Where/address:** Providence Campus, 17 Ambrose Way, North Mackay

**Description:** Use of all buildings on MCC Junior Campus, visiting the Library, Chapel/Assembly in Powerhouse, visiting other classes, visits from local community members eg. Fire Department

**Planned Activities:** Borrowing books for class, transition to Prep at the end of the year

**Departure Time:** 8:30 am

**Returning Time:** 2:50 pm

**Approx Travelling Time:** N/A

**Approx Cost:** N/A

**Anticipated No of Children:** 22

**Anticipated Adult/Child Ratio:** 1/11

**Who:** MCC Early Learning Centre children

**Transport/Access to Seatbelts:** N/A

**What to Wear:** Junior School Sports uniform

**What to Bring:** N/A

**Persons in Charge:** Class teacher: Mrs Vanessa Schreuder / Mrs Sharmilla Samuel / Mrs Kathyryn Kypr / Mrs Jalaa Manning (teacher and Head of Early Learning)

'I hereby give permission for my child/ren \_\_\_\_\_ to participate in the above mentioned incursion/excursion. Where I am unable to be contacted or it is impractical to do so, I authorise the Teacher/Assistant in Charge, to consent to my child/ren receiving medical or surgical treatment as may be deemed necessary.'

**Signed:** \_\_\_\_\_  
(Parent/Caregiver)

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