Dear Parents/Carers,

Your son/daughter has indicated that they are interested in participating in Homework Centre and Active After-school communities activities that will be operating at school from 2.45pm – 3.45 (Homework Centre) and 3.45pm - 4.45pm (Active After Schools) on Mondays, Wednesdays and Thursdays this term. Please ensure that your child is picked up on time.

If your child is given Homework by their class teacher, please ensure that your child has their Homework each day ready to complete at Homework Centre.

On Thursdays Active After Schools activities are held at Market Fitness gym, the students are required to walk from school to the gym with a teacher and are to be picked up from Market Fitness by 4.45pm sharp.

There will be no costs involved for students who attend the Homework Centre and AASC activities and a piece of fruit and a light snack will be provided each day.

Please note that poor behaviour at these after school activities WILL NOT BE TOLERATED. If your child receives three written warnings about their poor behaviour, you will be contacted to come and collect your child and they will no longer be allowed to participate in Homework Centre and/or Active after School activities.

Please complete the attached reply slip to give permission for your child to participate in Homework Centre and/or AASC program. Your child will not be able to attend Homework Centre/AASC program the permission slip is signed and returned. Please take the time to discuss behaviour expectations at AASC programs with your child.

Yours Sincerely

Mr Joshua Bullock
Homework Centre and Active after Schools Coordinator

Mr Denis Anderson
Principal
I give permission for ____________________ to participate in the Wellington Public School Homework Centre and AASC program on Monday, Wednesday and Thursday afternoons from 3.45pm to 4.45pm.

I understand that if my child attends AASC program on Thursdays they are required to walk to Market Fitness with a teacher and will need to be picked up at Market Fitness at 4.45pm sharp.

I understand that poor behaviour will not be tolerated at AASC and will result in formal warnings and your child will possibly no longer be able to participate in the program.

I will ensure that they are picked up from the school (gym on Thursdays) by 4.45pm each day.

Emergency Contact information

Parent Caregiver’s name __________________________
Contact Number:              __________________________
Allergies (if any)               __________________________
Medicare number             __________________________

Signed: _________________ (parent/caregiver) Date: _________________

Please return by _________________