



*Honour Christ, build community and
'grow in grace and knowledge'
2 Peter 3:18*



Phone 02 6662 5599



Email admin@ccs.nsw.edu.au
Web www.ccs.nsw.edu.au



PO Box 30 Casino NSW 2470
93 Manifold Road North Casino



Office Hours
Mon - Fri 8.00am - 4.00pm
ABN 93 392 520 152

11th February 2025

Year 7 and 8 Camp 2025 - CYC Burleigh - 7th - 9th April 2025

Dear Parents/Guardians,

On Monday 7th to Wednesday 9th April (2025) the Year 7 and 8 students will be traveling to CYC Burleigh for the Stage 4 Camp. The aim of this camp is to build quality relationships amongst the students, have fun together, build resilience and build a positive school culture. Activities will include Surfing, Stand-up Paddle Boarding, Indoor Rock Climbing, along with other activities and sessions on and off site.

The total cost of the camp per student will be \$370 , made in three installments;

- \$100 deposit - due by 28th of February with the completed note,
- \$150 second payment - due by 21st March,
- \$120 - due by 3rd of April.

We will be traveling to and from the venue in our CCS buses, so seating numbers will be tight. **Please ensure that notes are returned with the deposit by Friday the 28th of February** to secure your child's spot on camp.

Please register your child's participation through the CYC Burley registration page found at <https://book.venue.life/cycburleigh/register/2244-year-78-camp>

Please note that normal school rules apply, and that there will be no phones or devices of any kind allowed to be taken on camp. If your child is found with a phone or device or behaves in a manner contrary to school expectations, disciplinary action will be taken which will include confiscation of the device (to be collected by a Parent/Carer on return from camp) and further disciplinary action may be taken when the student returns to school. If your child's behaviour is deemed to be significantly inappropriate by Staff or Camp Coordinators, you may be required to pick up your child before the end of camp from Burleigh Heads at your expense.

Yours Sincerely

Matthew Callaghan-Lake - Deputy Principal - Secondary





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Stage 4 - CYC Burleigh

Dates:	Monday 7th, Tuesday 8th, and Wednesday 9th of April 2025
Depart:	9:00am Monday 7th April
Return:	2:30pm Wednesday 9th April
Accommodation:	Dorm rooms, CYC Burleigh Heads
What to bring:	See attached list
Total Cost:	\$370





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Stage 4 - CYC Burleigh

7th to 9th April 2025

I give permission for my child _____ to travel to CYC Burleigh by bus and participate in camp activities from Monday 7th to Wednesday 9th April 2025. Should any medical or hospital treatment be required for my child, I authorise the teacher in charge to take the appropriate action and any associated costs will be met by me.

Medical Information

Swimming:

Can your child swim in water that they cannot stand in? **YES / NO** [please circle]

Please circle the greatest distance your child can swim: 25m 50m 100m

Food Allergies:

Please provide details:

Medicines:

Please give details of any medication being taken, including dosage, frequency etc.

Staff should be given clear, written instructions on any personal medication which the participant may be currently taking. Medication should be placed in a plastic zip-lock bag with the written instructions, and handed to staff before boarding the bus to attend the trip.

Extra Information

- I have read and completed the CYC and Paramount Adventure Centre Assumption of Risk forms
- My child understands the Disciplinary action for bringing banned items to camp and/or for behaving inappropriately.

I have registered my child on the CYC Registration Portal found at;

<https://book.venue.life/cycburleigh/register/2244-year-78-camp>

Signed: _____ (Parent/Guardian)

Print Name: _____ Date: _____





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METHOD OF PAYMENT OPTIONS: STAGE 4 CAMP - CYC BURLEIGH

STUDENT NAME/S: _____

COST: \$370 (please pay by 3rd of April 2025 – this includes all Netbank payments).

METHOD OF PAYMENT: • Cash • Cheque • Eftpos • Netbank • Credit Card

DATE OF PAYMENT: _____ [THE DATE THE EXCURSION WILL BE PAID]

Online Payment (Netbank):

Bank: National Australia Bank

BSB No: 082 506

Account Name: Casino Christian School

Account number: 828017136

Please ensure that the reference has your **FAMILY CODE** & the **NAME** of the excursion.

Credit Card Payment:

Please Debit my (please circle): Visa Card MasterCard

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Expiry Date: ____ / ____

CVV Number: ____ _

For the amount of: _____

Cardholder's Name: _____

Signature: _____

