



📌 Online Form - Child Studies Baby Shower

Activity Name:	Child Studies Baby Shower
Date/Time:	Thursday 29 August 2024 10:10am - 11:10am
Description:	<p>As a part of the practical component of Child Studies, students will be developing and creating ideas to host a baby shower for current teacher at Henry Kendall High School. The baby shower tea will be hosted during the Child Studies lesson on Friday 30 August. Students will have an opportunity to ask questions and obtain information that will enhance their learning.</p> <p>As a part of the shower tea, groups will be allocated creation and delivery of food appropriate to the styling brief created in class. Please note down any dietary requirements so we can alter the food selections if required.</p> <p>Note: Students will be encouraged to design and select foods that are healthy and nutritious and specific to a baby shower.</p>
Venue:	Henry Kendall High School
Dress Code:	Full School Uniform.
Food:	Students need to bring in food for the day. Dietary requirements checked prior to the baby shower.
Please Bring:	Decorations, food and games prepared in class time prior to the baby shower.
Educational Outcomes:	Links to the Child Studies course.
Additional Information:	I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders.
Due Date:	Thursday 29 August 2024

* indicates a required field

I have read the above details and give consent for my child, to attend the Child Studies Baby Shower. I acknowledge that this event/activity is required to be held in accordance with any current NSW Health COVID-19 Public Health Orders and the NSW Department of Education's policies and procedures. I acknowledge and accept that there is a risk that my child may be exposed to COVID-19 whilst attending and participating at this event. I confirm that my child will not attend if displaying any symptoms of illness, and/or if directed to isolate under public health orders. *

Yes No

Student Name:

Parent/Carer Name: *

Parent/Carer Phone Number: *

Emergency Contact Name: *

Emergency Contact Phone Number: *

Medical conditions/information relevant to the activity (including any medication required):

I give permission for my child to be recorded or photographed to promote the event on local and social media: *

Yes

No

Please provide any special dietary requirements below: *

Parent/Carer Signature: *