

VASISHTHA GENESIS SCHOOL, BABEN, BARDOLI

(English Medium, CBSE affiliated, Co-educational, Day School)

Date: 27-02-2025

NIGHT CAMP FOR GRADES III TO V

(Academic Session 2024-25)

Dear Parents,

We are planning to organise a night camp on **Saturday, 08 February, 2025** for the students of Grades III to V. During this camp, we shall engage our students to enhance their social-emotional skills.

It will surely be a different experience for our students where they will spend a night without their parents in the school premises along with their teachers and will engage themselves in various activities including adventure activities and will enjoy age appropriate entertainment events such as Magic Shows, Puppet Show / Pottery, Live Music and an Open-Air Theatre, etc.

As there will be no transportation facility available parents will have to make the necessary arrangements to pick up and drop their wards to school. Students will **report to school at 04:00 pm on Saturday, 08 February 2025** and shall **disperse from school at around 10:00 am on Sunday, 09 February 2025**.

To ensure that everyone has a fantastic time, we shall be sharing with you further details of the event with a compiled list of essentials you'll need to send along with your ward during the camp.

Those parents who are interested to send their wards to the night camp are requested to complete and sign the attached consent form for your ward, and promptly register him or her for the camp on or before 1st February 2025, Saturday, so that appropriate arrangements can be made at our end.

Thank you.

With best wishes,



**Principal
VGS – Baben**

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PARENT CONSENT FORM **NIGHT CAMP FOR GRADES III TO V**

To,
The Principal,
VGS-Baben.

Respected Sir,

I _____ p/o _____ of Class _____, do hereby agree to send my ward to the Night Camp organised by the school, for the students of Grades III to V. I am also aware that the school shall take care of my ward well and if any unpleasant incident or accident takes place during the stay, I shall not hold the school responsible.

Mobile No.: _____ Signature: _____ Date of Signature: _____