



## Seasons for Growth Program

To be delivered by Centacare at the Nagle Campus Term 1

### Dates

- Tuesday 6 March P6
- Monday 12 March P6
- Tuesday 20 March P6
- Monday 26 March P6

There will be a review session early in Term 2. Date to be advised.

.....

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Year: \_\_\_\_\_ Home Room: \_\_\_\_\_

Please circle (if applicable): CALD / Aboriginal / Torres Strait Islander

I give parental/guardian consent for my son/daughter to attend the group during class time.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

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