

## Inverell Public School

22 Wood Street (PO Box 34), Inverell NSW 2360 P 6722 3072 | F 6722 4324 | E inverell-p.school@det.nsw.edu.au

7 February 2024

Dear Parents/Carers,

This year students in Years 3 and 4 will continue to participate in the Kitchen Garden Program. Students will see the garden through all seasons and gain a greater understanding of the processes and skills in growing, harvesting, preparing, and sharing delicious and healthy food. This is in the belief that these skills and understandings are essential to the development of the lifelong joyful and healthy eating habits.

## 2024 Kitchen Garden Program Dates

	3/4D	3/4C	3/4F	3/4K	3/4M
Term 1	Week 6 4/3/24	Week 7 11/3/24	Week 8 18/3/24	Week 9 25/3/24	Week 11 8/4/24
Term 2	Week 2 6/5/24 Week 8 17/6/24	Week 3 13/5/24 Week 8 17/6/24	Week 4 20/5/24 Week 9 24/6/24	Week 5 27/5/24 Week 10 1/7/24	Week 6 3/6/24 Week 10 1/7/24
Term 3	Week 2 29/7/24 Week 7 2/9/24	Week 3 5/8/24 Week 8 9/9/24	Week 4 12/8/24 Week 8 9/9/24	Week 5 19/8/24 Week 9 16/9/24	Week 6 26/8/24 Week 10 23/9/24
Term 4	Week 1 14/10/24	Week 2 21/10/24	Week 3 28/10/24	Week 4 4/11/24	Week 5 11/11/24

This will be a complimentary program in 2024, with no cost to families. On the days students are cooking, they will not need to bring a full lunch from home.

Please complete the attached permission note and return to your child's classroom teacher by Monday 26th February 2024. If you have any queries about this program, please contact me via the office.

Kind Regards,

Miss Kara Hobday

Kitchen Garden Coordinator



## Inverell Public School

22 Wood Street (PO Box 34), Inverell NSW 2360 P 6722 3072 | F 6722 4324 | E inverell-p.school@det.nsw.edu.au

## 2024 Kitchen Garden Permission Note

Please complete this note and return it to 2024.	o your child's classroom tead	:her by <b>Monday 26th</b>	n Februar
I give permission for my child in the Kitchen Garden Program through cooking and eating healthy food, as well	out 2024. I understand that the		
My child <b>does / does not</b> (please circle) further details below if they do.	have any known allergies or i	ntolerances. Please	provide
			_
	* e 11		
Parent/Carer Signature		 Date	