



Republic of the Philippines
DEPARTMENT OF EDUCATION
Region IX, Zamboanga Peninsula
SCHOOLS DIVISION OF ZAMBOANGA DEL NORTE
7100 Dipolog City

DEPARTMENT OF EDUCATION
DIVISION OFFICE ZAMBOANGA DEL NORTE
DIPOLONG CITY 7100


RELEASED

29 MAR 2017

NAME/SIGNATURE

ADVISORY. _____ s. 2017

To : Public Schools District Supervisors
Public School Heads and Principals
GSP Coordinators
All Others Concern

From :  **NATIVIDAD P. BAYUBAY**, CESO VI
Officer-In-Charge
Schools Division Superintendent

Subject : **GIRL SCOUT OF THE PHILIPPINES 4TH GETAWAY CAMP**

Date : March 29, 2017

1. Please be advised of the conduct of the subject by the **Girl Scout of the Philippines** on April 17-19, 2017 at Ating Tahanan National Program and Training Center (AT NPTC) Camp Grounds, No. 6 Purok 1, South Drive, Baguio City.
2. The getaway camp aims to inculcate values of honesty, healthy living, respect and responsibility and strengthen ties towards family members.
3. The camp fee is worth Three thousand pesos (P 3,000.00) per person inclusive of food, accommodation and program.
4. Per hereto attached is the complete data information regarding the getaway camp.
5. For information and guidance.



GIRL SCOUTS OF THE PHILIPPINS

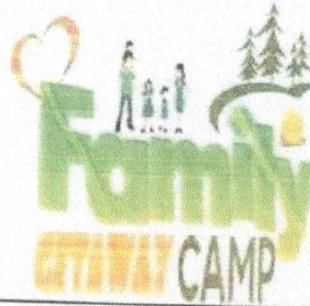
National Headquarters
Manila

NHQ CIRCULAR NO. 9
Series of 2017

T O : REGIONAL EXECUTIVE DIRECTORS
AND COUNCIL EXECUTIVES

R E : 4th Family Getaway Camp

DATE : February 28, 2017



The Girl Scouts of the Philippines Ating Tahanan National Program and Training Center (AT NPTC) is happy to invite once again the Girl Scout families to come and join the 4th Family Getaway Camp on April 17-19, 2017 at AT NPTC Camp Grounds, No. 6 Purok 1, South Drive, Baguio City.

I. OBJECTIVES

During and after the camp, families are expected to:

- learn from and share with each other;
- inculcate family values of honesty, respect, responsibility, healthy living and sense of community;
- strengthen family ties;
- apply what has been learned; and
- make new friends.

II. DATES

- April 17, 2017 (Monday) am - Arrival, Registration, Settling Down and Opening Program
- April 19, 2017 (Wednesday) pm - Departure after the Closing Program

III. QUALIFICATIONS OF PARTICIPANTS

1. A family must have at least one (1) registered Girl Scout member.
2. All members of the family must be physically fit and able to participate in all the event activities.
3. A family must have a minimum of three (3) members and maximum of five (5) members.
4. Families must be duly endorsed by their respective councils and regions.

IV. CAMP FEE

The camp fee is inclusive of food, camp accommodation, and program.

Php 3,000.00 per person (for Girl Scout and Non-Girl Scout Members)

*Note: This includes the membership fee as GSP Associate Member for Non-Girl Scout.
For Girl Scout members, IDs must be presented upon registration*

A down payment of Php 1,000.00 per family member is required. Please deposit to the following account:

Account Name	GIRL SCOUTS OF THE PHILIPPINES
Account Number	146-181-0000-16
Bank	Philippine National Bank (Session Road, Baguio Branch)

Please email a copy of the deposit slip to at_gsp@yahoo.com and indicate name of sender.

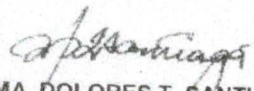
V. THINGS TO BRING

1. Casual attire/Sunday dress, Costume is optional
2. At least one official and camp uniforms for Girl Scout members
3. Pants and T-shirts for activities
4. Warm night wear or pajama
5. Personal effects, toiletries and towels
6. Jacket/Sweaters for Baguio cold weather
7. Rain coat and umbrella
8. Comfortable shoes and in-door slipper
9. Art materials for scrapbooking, family pictures
10. Musical instruments (optional)
11. Family presentation of some talent to show and share
12. Outdoor tent and sleeping gears with some basic gadgets

Confirmation of participation must be made **on or before March 31, 2017**. Should you have any other queries, you may contact our Center Director Miss Marian Elizabeth B. Linao at telephone number (074) 442-3798, mobile number 09176530094, fax number (074) 424-5279, and email address at_gsp@yahoo.com.

All participants are required to submit the accomplished application and parent's consent forms for Girl Scout members, and Health Examination Form for Girl Scout and Non-Girl Scout members to the National Headquarters **on or before March 31, 2017**.

We look forward to your active participation.


MA. DOLORES T. SANTIAGO
National Executive Director

Attachments as stated

cc: Central Board
Program Committee Members
Council Presidents
National Training Pool Members
National Program and Training Centers
NHQ Senior Staff



4th Family Get-Away Camp
Ating Tahanan, National Program and Training Center, Baguio City
April 17 - 19, 2017

APPLICATION FORM

Council:		Region:	
PERSONAL DATA			
Name:			
<i>Last</i>	<i>Middle</i>	<i>First</i>	
Date of Birth:			
Home Address:		Tel. No.:	
School:		Year:	
Parents/Guardian:			
Person to notify in case of emergency:			
Relationship:			
Address:		Tel. No.:	
Special Interest/Hobbies:			
Religious Affiliation:			
Food Prohibition:			
Special Awards/Recognition Received:			
GIRL SCOUTING DATA			
Date of Last Registration:			
Troop No.:			
GIRL SCOUTING EXPERIENCE			
Badges Earned			
Camps Attended		Venue/Date	
Other Members of the Family who will join the camp			
Name		Relationship	
_____ Signature of Applicant			
Endorsed by:		_____ Council Executive	
Approved by:		_____ Regional Executive Director	
_____ Date			

IMPORTANT! This form must be received at GSP National Headquarters not later than **March 31, 2017.**



GIRL SCOUTS OF THE PHILIPPINES

4th Family Get-Away Camp

Ating Tahanan, National Program and Training Center, Baguio City
April 17 - 19, 2017

PARENT'S CONSENT FORM

To whom it may concern:

This is to allow my daughter, _____ of _____ Council to participate in the 4th Family Getaway Camp on April 17-19, 2017 to be held at Ating Tahanan National Program and Training Center (AT NPTC), Baguio City.

We will not hold the Girl Scouts of the Philippines responsible for any untoward incident that may happen beyond its control.

Name of Parents

Signature

Address

Date

Noted by:

Council Executive

Date

Regional Executive Director

Date



4th Family Get-Away Camp

Ating Tahanan, National Program and Training Center, Baguio City
April 17-19, 2017

HEALTH EXAMINATION FORM

Council:		Region:	
Name:			
Last		Middle	First
Date of Birth:		Age:	
Home Address:		Tel. No.:	
Parents/Guardian:			
Person to notify in case of emergency:			
Relationship:			
Address:		Tel. No.:	
HEALTH HISTORY: (Check giving approximate dates)			
<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Kidney Trouble	<input type="checkbox"/> Chickenpox	
<input type="checkbox"/> Ear Abscess	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Mumps	
<input type="checkbox"/> Fainting	<input type="checkbox"/> Sleep Walking	<input type="checkbox"/> Whooping Coughs	
<input type="checkbox"/> Frequent Sore Throats	<input type="checkbox"/> Measles	<input type="checkbox"/> Sinusitis	
<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Athlete's Foot	
<input type="checkbox"/> Stomach Upsets	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Constipation	
<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Operations or serious injuries	<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Allergic Reactions: Penicillin	<input type="checkbox"/> Other Drugs		
Details of the above or additional information			
Diet Requirement:			
<input type="checkbox"/> Regular	<input type="checkbox"/> Vegetarian		
Any allergy you suffer:			

NOTE:
Please notify the Camp if the applicant is exposed to any communicable diseases during the three weeks prior to camp attendance.

Attending Physician

Licensed No.

Date Submitted

IMPORTANT! This form must be received at the GSP National Headquarters not later than **March 31, 2017.**

polybyplan



REFERENCE SLIP

5/6/2017
DATE

- TO:
- ARD
 - CLMD
 - ESSD
 - QUAD
 - FTAD
 - HRDD
 - PPRD
 - BFD
 - ADMIN
 - LEGAL

- FOR:
- DISSEMINATION
 - COMPLIANCE
 - GUIDANCE
 - INDORSEMENT
 - APPROVAL
 - COMMENT
 - REVIEW
 - VERIFICATION
 - SIGNATURE
 - ACTION
 - PLS. FACILITATE
 - COMPLETE STAFF WORK

NOTE: Pls. facilitate

Handwritten notes:
7/27/17
all
SMH

Signature of Dr. Isabelita M. Borres
DR. ISABELITA M. BORRES, CESO III
Regional Director