

Cowandilla Primary School Vacation Care Program

December 18th 2017 – January 26th 2018

Vacation Care Operating Hours 6:45am-6:00pm

Please remember to **bring** recess, lunch, drinks each day, closed in shoes are also a requirement.










18/12/17	19/12/17	20/12/17	21/12/17	22/12/17
<p>Summer</p>  <p>Bring a spare change of clothes</p>	<p><i>Incursion</i></p>  <p><i>Yoga</i></p>	<p>Talent Show</p>  <p>Come sing, dance or act</p>	<p>Excursion</p>  <p>Movies</p>	<p>XMAS Day</p>  <p>Xmas lunch and a real festive day</p>
<p>Christmas Break OSHC Closed – 23/12/17 – 07/01/18</p>				
8/1/18	9/1/18	10/1/18	11/1/18	12/1/18
<p>Ashes Cricket</p>  <p>Could you be the next Steve Smith or Mitchell Starc???</p>	<p>Excursion</p>  <p>North Adelaide Swimming Centre</p>	<p>Origami Day</p>  <p><i>Come learn to make some amazing origami</i></p>	<p>Excursion</p> <p>MONARTO ZOO</p>  <p>Off to see all of the wonderful wildlife</p>	<p><i>Trivia Day</i></p>  <p>Think you're a smart cookie??!! Come find out</p>

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15/1/18	16/1/18	17/1/18	18/1/18	19/1/18
<p>Disney Day</p>  <p>Dress up if you wish</p>	<p>Incursion</p>  <p>Circus Elements</p>	<p>Amazing Race</p>  <p>A few team challenges</p>	<p>Excursion</p>  <p>Morialta Nature Play</p>	<p>Nature Day</p>  <p>There will be some wood work activities available</p>
22/1/18	23/1/18	24/1/18	25/1/18	26/1/18
<p>Ice Hockey Challenge</p>  <p>Who will rule the ice hockey table??!!</p>	<p>Excursion</p>  <p>Movies</p>	<p>Australia Day</p>  <p>Have a bbq and a range of activities</p>	<p>Kids Party</p>  <p>The last day of school holidays calls for a party ☺ Please bring a shared platter</p>	<p>OSHC</p> <p>CLOSED</p>

Cowandilla Primary School Vacation Care Program

Family Information

Fee Structure:

Full day: \$46

Incursion/Excursion: \$56

Late Fees Apply \$1 per min

Cancellations:

Families who wish to cancel a booking must give **SEVEN DAYS NOTICE**. If we don't receive notification of a cancelled booking the daily fee will be charged. If the cancellation is due to an emergency the fee may be waived at the discretion of the director.

Food and Drink:

Please provide recess, lunch and a drink unless the daily program indicates otherwise. OSHC will provide a healthy afternoon snack and drinking water is available throughout the day. A fridge is available to store food and drinks to ensure they are kept fresh and cool in accordance with OHWS regulations.

Medication:

If your child needs medication while at Vacation Care it is essential that an up to date action plan signed by your GP is given to the OSHC staff along with any necessary medication. Please sign the authorisation of medication log available from the OSHC office.

Clothing & Belongings:

Please ensure that all items of clothing are named. Any toys brought to Vacation Care are the responsibility of your child. Unfortunately staff cannot be responsible for any loss or damage.

Hats & Sunscreen:

All children are required to have a sun smart hat for outside play. Our Sun Smart Policy states **NO HAT = NO PLAY**. Although we apply sunscreen during the day we would appreciate a thorough application on your child before arrival each day. Please inform us if your child has an allergy to sunscreen.

Accounts:

To ensure that the program remains viable we require all Vacation Care accounts to be paid in full and remaining OSHC accounts to have a balance under \$100 as per OSHC'S Debt Collection Policy. Accounts will be processed each week and sent at our earliest convenience.

Excursions:

On excursion days please arrive at least 30 mins before departure. **Please do not send any spending money unless stated otherwise in the program.** Please note that our excursions/activities may change if the weather is unsuitable.

Contact Information:

OSHC Mobile: 0417 565 485

OSHC Centre: 8351 7629

Cowandilla Primary School Vacation Care Program Enrolment Form

Child's Name:CRN:D/O/B:

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- Please sign each excursion day to give permission for your child/ren to attend
- All transport will be provided by Farnham Roadlines
- The staff ratio for in days is 1:15; Excursion 1:8; Swimming excursion 1:5
- A risk analysis has been completed for all excursions which is available to see in the room at your request.

18/12/17	19/12/17	20/11/17	21/12/17	22/12/17
Yes No	Yes No	Yes No	Yes No	Yes No
8/1/18	9/1/18	10/1/18	11/1/18	12/1/18
Yes No	Yes No	Yes No	Yes No	Yes No
15/1/18	16/1/18	17/1/18	18/1/18	19/1/18
Yes No	Yes No	Yes No	Yes No	Yes No
22/1/18	23/1/18	24/1/18	25/1/18	26/1/18
Yes No	Yes No	Yes No	Yes No	

*******Please note a weeks notice for cancellations is required. A full day fee will apply for any bookings cancelled without a weeks notice.**

PLEASE SIGN THE CONSENT FOR EACH EXCURSION

21/12/17 Arndale Cinemas travelling by Farnham Roadlines. Depart service 11am Arrive back 2:30pm. My child is allowed to watch a PG rated movie.

I consent to (child/ren.....
Signed (parent/carer).....

9/1/18 North Adelaide Swimming Centre travelling by Farnham Roadlines. Depart service 10:15am Arrive back 2:30pm. Please fill out Ability to Swim Form attached to this document

I consent to (child/ren.....
Signed (parent/carer).....

11/1/18 Monarto Zoo travelling by Farnham Roadlines. Depart service 9:15am Arrive back 2:30pm.

I consent to (child/ren.....
Signed (parent/carer).....

18/1/18 Morialta Conseration Park travelling by Farnham Roadlines. Depart service 10am Arrive back 2:30pm.

I consent to (child/ren.....
Signed (parent/carer).....

25/1/18 Arndale Cinemas travelling by Farnham Roadlines. Depart service 11am Arrive back 2:30pm. My child is allowed to watch a PG rated movie.

I consent to (child/ren.....
Signed (parent/carer).....

*******Please note a weeks notice for cancellations is required. A full day fee will apply for any bookings cancelled without a weeks notice.**

**Cowandilla Primary School Vacation Care Program
Medical & Consent Form**

Enrolling Parent/carer name:

Parent CRN: D/O/B:

Address: Home PH:

Work PH: Mobile PH:

Do you give permission for the service to seek medical, hospital and ambulance services for your child/ren should we deem it necessary and agree to pay all associated costs? Y / N

Emergency Contacts (if parent/carer is unable to be contacted)

Name: Mobile PH Home PH:
Relationship:

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Relationship:

Is the child subject to custody restrictions? Y / N (if yes please provide details)

.....
.....

Does your child/ren have a health care issue that could affect their safety at Vacation Care (e.g. asthma, allergies)? Y / N

If yes please provide details:
.....

Parental Consent

As parent/carer of

I give consent for participation in all activities, including excursion & incursions and in doing so, give agreement for Cowandilla Primary School Vacation Care Program and their staff are free and clear of all responsibilities for any accident or loss of property during participation in any activity.

Signed: Date:

*******Please note a weeks notice for cancellations is required. A full day fee will apply for any bookings cancelled without a weeks notice.**

Cowandilla Primary School

Swimming Ability Form

Child's Name: _____

Please tick the appropriate box and provide comment if necessary

Comfort level around water:

- Uncomfortable
- Comfortable
- Very Comfortable

Swimming ability:

- Non Swimmer (cannot support themselves in water)
- Novice (can support themselves in **shallow water** and are capable of moving short distances < 5 metres)
- Intermediate (can support themselves in deep water and can swim a length of the pool)
- Advanced (can support themselves in deep water and can swim many lengths of the pool)

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date: _____