

VACATION CARE BOOKING FORM: CONTACT DETAILS

Child/ren's Details:

Surname:

First Name(s):

Parent Emergency Contacts:

Contact Priority 1:

Name:

Relationship to child/ren:

Home Telephone:Work Telephone:Mobile:

Email:

Contact Priority 2:

Name:

Relationship to child/ren:

Home Telephone:Work Telephone:Mobile:

Email:

Medical Information:

Has your child/ren got any disabilities or medical conditions? **Yes / No** (Please circle your answer)

If yes, please give details (include child/ren's name):.....

.....

.....

Does your child/ren usually require regular medication or use special aids? **Yes / No**

If yes, please give details (include child/ren's name):.....

.....

.....

Has your child/ren had any kind of allergic reaction? (e.g. penicillin, food, insects) **Yes / No**

If yes, please give details (include child/ren's name):.....

.....

.....



VACATION CARE BOOKING FORM - SESSIONS

Dates	Activity	Full Day	Half Day	Half Day
			6:45 am - 12:30 pm	12:30 pm - 6:15 pm
			(please initial times required)	
Thursday 12 December	Special Subway Lunch (<i>Early Finish</i> (12.30 pm - 6.15 pm))			
Friday 13 December	Christmas craft			

Monday 16 December	Excursion: Kalyra Aged Care			
Tuesday 17 December	Christmas craft			
Wednesday 18 December	Excursion: Mega Courts			
Thursday 19 December	Excursion: Noarlunga Cinema (<i>Playmobi</i>) Art and craft			
Friday 20 December	Christmas break-up party			

CLOSED UNTIL 13 JANUARY 2020

Monday 13 January	Henny Penny Hatching			
Tuesday 14 January	Excursion: Megazone Noarlunga			
Wednesday 15 January	Laygo			
Thursday 16 January	Excursion: Noarlunga Cinema (<i>Jumanji</i>)			
Friday 17 January	Art attack and arcade games (Dickensons Amusements)			

Monday 20 January	Plaster Fun House			
Tuesday 21 January	The Scientific Bubble Show			
Wednesday 22 January	Creative creations and arcade games (Dickensons Amusements)			
Thursday 23 January	Cartoon characters			
Friday 24 January	Australia Day celebrations and Animals Anonymous			

AGREEMENT

By signing the Authorisation for Excursion forms, I agree to and understand the following:

- My child/ren has my permission to attend the excursions selected.
- I am listed on the child/ren's OSHC Enrolment Form as a Parent.
- The service has conducted an Excursion Risk Assessment, which is available for your review upon request.
- My child/ren must be at OSHC by the allocated time on the program on excursion days.
- My child/ren has permission to travel by private bus for excursions.
- The contact details, including all emergency contact details, listed on my child/ren's OSHC Enrolment Form are up to date.

By signing below, I agree to and understand the following:

- I agree to pay the required fees and accept the policies and rules of the program.
- I am aware that Vacation Care has no cancellation policy and once I have made a booking, fees will be charged accordingly.
- All fees must be paid in full by the first Friday of the next school term.
- I agree that I cannot swap days once my booking form has been handed in and a deposit paid.
- I agree that staff of the program may administer simple first aid to my child/ren if the need arises.
- I understand that if at any time the staff of the program consider that my child/ren requires emergency medical/hospital/ambulance service, they will have the local medical/hospital/ambulance attend to my child/ren.
- I consent to photographs / video being taken as part of the child/ren's program and for them to be displayed in the OSHC room, in newsletters and DVD slide projections.
- I am aware that my child/ren needs to have a Woodcroft College hat at all times during Vacation Care.
- I am aware that tank tops and thongs are not acceptable during Vacation Care.
- I certify that the information entered upon this form is true to the best of my knowledge and that I undertake to inform the Program Coordinator if any of these details change.

Signed by Parent: Date:

Authorisation for Excursion - Kalyra Aged Care

I give permission for my child/ren:

Child/ren's Names:

Surname:

to attend the programmed excursion on the day on which they are enrolled.

Monday 16 December 2019
Location: Kalyra Aged Care, 54 Woodcroft Dr, MORPHETT VALE SA 5162
Activity: Singing Christmas carols, cooking and gift giving
Transport: Walking
Departure Time: Approximately 9.00 am
Return Time: Approximately 3.00 pm
Alternative Weather Plan (<i>in the case of extreme weather conditions</i>): This excursion will still go ahead as it is an inside activity.
Parent Signature for Permission:

Authorisation for Excursion - Mega Courts

I give permission for my child/ren:

Child/ren's Names:

Surname:

to attend the programmed excursion on the day on which they are enrolled.

Wednesday 18 December 2019
Location: 10-18 Albert St, WINDSOR GARDENS SA 5087 Activity: Inflatables and various court action Transport: Private Bus Departure Time: Approximately 8.30 am Return Time: Approximately 1.00 pm Alternative Weather Plan (<i>in the case of extreme weather conditions</i>): This excursion will still go ahead as it is an inside activity.
Parent Signature for Permission:

Authorisation for Excursion - Noarlunga Cinema

I give permission for my child/ren:

Child/ren's Names:

Surname:

to attend the programmed excursion on the day on which they are enrolled.

Thursday 19 December 2019
Location: 38-42 David Witton Dr, Noarlunga Centre SA 5168 Activity: <i>Playmobil</i> Transport: Private Bus Departure Time: Approximately 9.00 am Return Time: Approximately 12.30 pm Alternative Weather Plan (<i>in the case of extreme weather conditions</i>): This excursion will still go ahead as it is an inside activity. Movie Rating: By signing this, I give consent for my child/ren to attend the excursion and view a G or PG rated movie.
Parent Signature for Permission:

Authorisation for Excursion - Megazone Noarlunga

I give permission for my child/ren:

Child/ren's Names:

Surname:

to attend the programmed excursion on the day on which they are enrolled.

Tuesday 14 January 2020
Location: 12-18 David Witton Dr, NOARLUNGA CENTRE SA 5168 Activity: Laser tag, Drift Bumper Cars, Shooting Gallery & Retro Arcades Transport: Private Bus Departure Time: Approximately 9.00 am Return Time: Approximately 12.30 pm Alternative Weather Plan (<i>in the case of extreme weather conditions</i>): This excursion will still go ahead as it is an inside activity.
Parent Signature for Permission:

Authorisation for Excursion - Noarlunga Cinema

I give permission for my child/ren:

Child/ren's Names:

Surname:

to attend the programmed excursion on the day on which they are enrolled.

Thursday 16 January 2020
Location: 38-42 David Witton Dr, Noarlunga Centre SA 5168 Activity: <i>Jumunji</i> Transport: Private Bus Departure Time: Approximately 8.30 am Return Time: Approximately 1.00 pm Alternative Weather Plan (<i>in the case of extreme weather conditions</i>): This excursion will still go ahead as it is an inside activity. Movie Rating: By signing this, I give consent for my child/ren to attend the excursion and view a G or PG rated movie.
Parent Signature for Permission: