Welcome to Holy Spirit Vacation Care Program.

We aim to provide a safe, fun and stimulating environment where children can enjoy their holidays.

PLEASE RETURN FORMS BY Wednesday Week 9, 25th of March 2015
TO CONFIRM YOUR CHILD’S PLACE.

Please note: the final program will be confirmed once we have final attendance numbers. Please make sure you check the board during Vacation Care for any important notices or changes to the program.

The Holy Spirit Vacation Care Program

The programmed activities include a variety of excursions, special theme days, arts/crafts, cooking, sports and indoor/outdoor games. Please understand that booked outings and scheduled activities may be cancelled or substituted for reasons beyond our control. A final program will be issued once numbers are finalised.

Session Times

The program will be open from 7:00am – 5:30pm, 7th – 10th of April 2015. It is the responsibility of parents / care givers to ensure that their children are signed in and out daily.

Bookings

To enrol your child please complete and return the enrolment/booking form. The program is a registered care provider for the Child Care Cash rebate scheme. To ensure a place for your child and to assist with staffing please book your child in by Wednesday 25th of March 2015. Late submissions will need to be approved by the coordinator, particularly on days we are attending excursions.

Cost

Vacation Care is currently charged at a daily rate of $60 per day per child, with a full time rate of $245 per child per week. All accounts must be paid up-to-date prior to attending Vacation Care.

Cancellations

Any cancellations for Vacation Care must be in writing at least 2 (two) days prior to the scheduled registered day your child/children has been booked into and handed to the finance/admin office, otherwise full fees will be charged, (as rosters and budgets are worked out according to bookings).

Lunch

Food will be provided by the school. This includes Morning tea, Lunch and Afternoon tea. Children with food allergies will be catered for. Please make sure that the children have their water bottles with them every day.

Excursion Days

Children will need to arrive 30 minutes prior to departure time. Children are not to bring money with them to Vacation Care, particularly on excursion days.

Movies

The movies the children may watch during Vacation Care will be rated G/PG. Please see the co-ordinator if you wish to see the title of the movie. Let the coordinator know if you do not want your child/ren to attend. Session times for the movies will be advised closer to the day.

Clothing

Please ensure all items of clothing are labelled with your child’s name. Please provide your child with a bucket hat, sunscreen and appropriate footwear. WATER PLAY and swimming days children need to bring bathers, rash vest and a towel. Please note: Thongs are only allowed walking to and from the pool. ALL clothing MUST be clearly labelled with your child/ren’s name. Any clothing left unclaimed at the end of the program will be donated to charity.

We advise all parents that children are not allowed to bring valuables/toys to Vacation Care. Whilst all care is taken, we cannot be responsible for any loss or damage.
Holy Spirit Catholic Primary School – Vacation Care

April 7th – 10th, 2015

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<thead>
<tr>
<th>Monday 6/04/2015</th>
<th>Tuesday 7/04/2015</th>
<th>Wednesday 8/04/2015</th>
<th>Thursday 9/04/2105</th>
<th>Friday 10/04/2015</th>
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<tbody>
<tr>
<td>Morning Activity</td>
<td><strong>Public Holiday</strong></td>
<td>Morning Tea, Lunch</td>
<td><strong>Excursion:</strong></td>
<td><strong>Hip Hop Dance</strong></td>
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<td></td>
<td>Easter Monday</td>
<td>and Afternoon Tea</td>
<td><strong>Botanic Garden</strong></td>
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<td></td>
<td>9:30am -12:30pm</td>
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<tr>
<td>Afternoon Activity</td>
<td>Gardening at School</td>
<td>Sports</td>
<td>Good Golly Doggy Day Care “Dog Awareness”</td>
<td>Movies at School</td>
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</table>

*Food: Morning Tea, Lunch and Afternoon Tea will be provided by the school. We will make sure that children with food allergies will be catered for.*
FAMILY NAME

CHILD’s NAME (1) _______________ D.O.B _______________ C/LINK CRN No: ____________

CHILD’s NAME (2) _______________ D.O.B _______________ C/LINK CRN No: ____________

CHILD’s NAME (3) _______________ D.O.B _______________ C/LINK CRN No: ____________

PARENT _______________ D.O.B _______________ C/LINK CRN No: ____________

CONTACT No: (1) ___________________________ (2) __________________________

MAILING ADDRESS

EMAIL ADDRESS:

EMERGENCY CONTACT _______________ RELATIONSHIP TO CHILD: _______________

CONTACT No: (1) ___________________________ (2) __________________________

☐ I give consent for participation in all scheduled activities, including excursions, on the days which I have enrolled my child/children

☐ I agree that Holy Spirit Vacation Care staff is free and clear of all responsibilities for any accidents and loss of property during participation in activities.

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☐ I give permission in event of emergency to obtain such medical assistance as required and agree to meet any medical expenses attached; this includes travel by private vehicle/ambulance if required.

☐ I give permission for my child/children to walk supervised to and from excursions on the days my child is booked in Vacation Care.

☐ I give permission for my child/children to travel by bus to and from excursions on the days my child is booked in Vacation Care.

☐ I give permission for my child/children to be transported by private vehicle should the need arise.

By signing this form I am confirming that I have informed the OSHC of any additional needs that my child may have.

NAME OF PARENT __________________ SIGNATURE __________________ DATE _______

Medical Information

Is there any medical or physical condition which your child/children suffer that needs to be brought to the coordinator’s attention i.e. special dietary needs/allergies/conditions

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Family Dr. ___________________ Ph: ___________________ Medicare No: ______________
<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>No. of Children</th>
<th>Names of Children</th>
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<tbody>
<tr>
<td>Monday</td>
<td>Easter Monday - Public Holiday</td>
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<td>Tuesday</td>
<td>7-04-2015</td>
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