

ABCC VACATION CARE BOOKING FORM



Vacation Care Period: Monday December 4 – December 20, 2017

Last Day Guaranteed Booking: Monday November 27, 2017

Family Name: _____

Child/rens Name/s: _____

1: _____ Class: _____ 2: _____ Class: _____

3: _____ Class: _____ 4: _____ Class: _____

I wish my child/ren to attend the **Vacation Care** program on the following day/s:

PLEASE INDICATE WHICH CHILD/REN WILL BE ATTENDING EACH DAY BY MARKING THE APPROPRIATE BOX

	Monday	Tuesday	Wednesday	Thursday	Friday	Payment Due
Week 1	December 4	December 5	December 6	December 7	December 8	Nov 27, 2017
Child	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	
Week 2	December 11	December 12	December 13	December 14	December 15	Dec 4, 2017
Child	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	
Week 2	December 18	December 19	December 20	<i>Wishing you a safe & Happy Christmas.</i>		Dec 11, 2017
Child	1 2 3 4	1 2 3 4	1 2 3 4			

Parent/Guardian Signature

Date

Cost of Vacation Care

- Weekly (5 days in 1 week) **Pre-paid** (by above dates): **\$225.00 per child per week**
- Daily Rate **Pre-paid** (by above dates): **\$47.40 per child per day**
- Half Day Incursion rate (till 12.30 pm) **Pre-paid** (by above dates): **\$23.70 per child per morning**
- **Casual Day for booking not made by BOOKING DATE (27/11/17)** **\$54.10 per child per every day**
- Administration Fee (for un-paid vacation care fees by due date): **\$26.00 per child per week**

ALL BOOKINGS NOT PAID AFTER THE ABOVE DATES WILL BE CHARGED THE ADMINISTRATION FEE

Bookings are essential to ensure minimum staffing levels are met. **Casual bookings** must be made *with 24 hours' notice* the day before attendance and paid for on the day of attendance. **Places can be limited and cannot be guaranteed.**

EVERY EFFORT IS MADE TO FOLLOW THE ADVERTISED PROGRAM HOWEVER ABCC MAY HAVE TO ALTER OR CANCEL ACTIVITIES DUE TO CIRCUMSTANCES BEYOND ABCC'S CONTROL

EXCURSION BOOKINGS MUST BE MADE ONE WEEK PRIOR TO DATE OF EXCURSION.

Prep to Year 6 can attend excursions and are taken from the Campus using transport provided by FSAC Ltd or an approved alternative. FSAC Ltd buses are fitted with seatbelts. ABCC takes a first aid kit, walkie-talkies and mobile phones. ABCC staff child ratio is in accordance with Legislative requirements and a management approved risk assessment. Parents are very welcome to accompany us on our excursions – please see Nicole Fitzgerald for more information. Medical Consent Form **MUST** be completed for all children participating in excursions. (Please see office staff if you require more than one Medical Consent Form.)

I give permission for my child/ren to attend & participate in the following excursions & activities. I confirm that by enrolling my child/ren to attend during a session I accept the ABCC policy which states it is compulsory for any child/ren attending a session to participate in the scheduled incursion or show. Excursions for school aged children are compulsory.

PLEASE TURN OVER AND SIGN ACTIVITY & EXCURSION CONSENTS.

Office Use Only:

Date received: _____ By: _____ Date Processed: _____ By: _____ Statement sent: Yes No

Medical consent form: Yes No N/A Excursion permission letter: sent Yes No returned Yes No

FOR ABCC

Date	Activity	
Duration of the Holidays	<p><u>PG Rated Movies</u> <u>Below is a list of our PG rated Movies. Please tick those your children are able to watch. These movies will be played after lunch during our quiet time. A sign will be displayed each day, of the Movie to be played.</u></p> <p><input type="checkbox"/> Rise of the Guardians <input type="checkbox"/> Chicken Little <input type="checkbox"/> Big Hero 6 <input type="checkbox"/> The Lego Movie <input type="checkbox"/> Narnia <input type="checkbox"/> Night at the Museum <input type="checkbox"/> Zookeeper <input type="checkbox"/> Elf <input type="checkbox"/> Santa Clause 1,2,3.</p>	Cost: N/A
		Requirements:
		Signature:
Date	Activity	
Tuesday 5 th December 2017	<p><u>IncurSION</u> <u>Magic Glen, the Balloon Guy</u></p> <p>Come and see the bubbles and you might just find yourself inside one...! <i>Risk Assessment Available in ABCC Office</i></p>	Cost: \$11
		Requirements: N/A
		Signature:
Date	Activity	
Wednesday 6 th December 2017	<p><u>Excursion</u> <u>Forest Lake Nursing Home</u></p> <p>Today we are walking to Forest Lake Nursing Home to read stories and sing Carols with the residents. <i>Risk Assessment Available in ABCC Office</i></p>	Cost: N/A
		Requirements: Sports uniform , bucket hat and drink bottle
		Signature:
Date	Activity	
Thursday 7 th December 2017	<p><u>IncurSION</u> <u>Creative Dance</u></p> <p>Travel with Ferdinand on the ultimate dance adventure as he tries to find his way home. <i>Risk Assessment Available in ABCC Office</i></p>	Cost: \$14
		Requirements: N/A
		Signature:
Date	Activity	
Tuesday 12 th December 2017	<p><u>Bike and Scooter Day</u></p> <p>Bring your bike or scooter today and don't forget your helmet <i>Risk Assessment Available in ABCC Office</i></p>	Cost: N/A
		Requirements: enclosed shoes, hat and sleeved shirt
		Signature:
Date	Activity	
Duration of the Holidays	<p><u>Water Play</u> Get ready to get wet these holidays and beat the summer heat! <i>Risk Assessment Available in ABCC Office</i></p>	Cost: N/A
		Requirements: Rashie , bucket hat, towel and change of clothes
		Signature:



Medical Consent Form

This form is to be completed by a Parent/Guardian of student below attending the off-campus activity, excursion or camp. The information contained herein is required by Medical Practitioners in the event of the student requiring treatment.

Student Name:		Date of Birth:	
Has your child had a tetanus booster in the last 12 months?			Yes / No
Medicare No:		Name of Medical Insurance Fund:	No:

Does your child suffer from any of the following:	<i>Please give full details including severity, medication, date of last attached, operations etc.</i>		
Heart Problems:			
Respiratory Problems – Asthma:			
Respiratory Problems – Other:			
Allergies:	<i>Food -</i>	<i>Drugs -</i>	
	<i>Ointments -</i>	<i>Other -</i>	
Diabetes:			
Epilepsy:			
Blood Pressure:			
Bed Wetting:			
Recent Illness/Operations:			
Phobias:			
Other:			

Medication:	<i>Please give details of any medicines being taken by your child including dosage & frequency</i>

(All medication excluding asthma puffers must be handed to staff member at the commencement of the activity. Regular medication procedures and expectations apply. All medication must be accompanied by a medication form and instructions signed by a medical practitioner).

Parent/Guardian 1 Name:		Mobile Phone:	
Address:			
Work Phone:		Home Phone:	

Parent/Guardian 1 Name:		Mobile Phone:	
Address:			
Work Phone:		Home Phone:	

I hereby authorize the Principal of St John's Anglican College or her duly appointed representatives to obtain such medical attention as may be deemed necessary and I understand that I am responsible for the costs. I further authorise qualified medical practitioners to administer anesthetic and blood transfusion if the necessity arises.

_____ Date

Parent / Guardian



Excursion Permission Form

We are going on an excursion to **Forest Lake Lodge Nursing Home** on **December 6th, 2017**. Located at **12 Tewantin Way, Forest Lake 4078**. Here the children will be engaging in songs and reading to the residents.

We will be leaving St John's Anglican College, Alpine Place, Forest Lake at 9.30am and journeying to Forest Lake Lodge by foot and returning via the same route to arrive by 12.30pm. Estimated travel time is 20 minutes each way, totaling 40 minutes travel time.

Our service is governed by strict regulations in regards to adult / child ratios. St John's Anglican College ABCC has conducted a Risk Assessment of the excursion and will be taking 1 supervising staff member for every 15 children. The number of children and names of staff attending the excursion will be displayed 24 hours prior to departure.

REMINDER: 24 HOURS NOTICE IS REQUIRED FOR CANCELLATIONS FOR ALL VACATION CARE BOOKINGS. Charges for this activity will still apply, unless we are able to replace the child attending the excursion. Children attending will be required to wear the **College Sports Shirt**, enclosed shoes, socks, and bring a bucket hat. If you wish your child to participate, please complete the form below and return to ABCC as soon as possible.

_____ ✂ _____ ✂ _____

I, _____ the parent/guardian of _____
(Parent/Guardian Name) (Child's name)

Give permission for my child to be included in the Excursion to **Forest Lake Lodge Nursing Home** on December 6th, 2017. **12 Tewantin Way, Forest Lake 4078**.

Parent / Guardian Date

General Information for Vacation Care:

Vacation Care Period: Monday December 4 – December 20, 2017

Last Day Guaranteed Booking: Monday November 27, 2017



For Vacation Care children will need to bring:

- A backpack with a change of clothes as mishaps do happen sometimes
- Morning Tea, a piece of fruit, or yoghurt is a healthy option.
- We provide lunch and afternoon tea and water to drink at all times.
- Please check menu if you think your child needs more than will be offered please send some fruit or healthy snacks.
- Children **do not** wear their College uniform during vacation care, but because of our Sunsafe Policy and Health and Safety Policy children are required to wear:
 - **A sunsafe hat** -bucket hat preferred (no caps).
- **Clothes suitable for outside physical activities** (no short skirts or short shorts, strappy tops or singlets)
- **Sneakers/joggers** – No slip on shoes, thongs, loose sandals as these are not safe when running and climbing.

Vacation Care closes at 6pm during the holidays.

Although we have programmed activities throughout the day for the children, we do engage in a lot of spontaneous activities. These are often suggested by the children. To be able to provide play and leisure activities that are meaningful for the children, we as Educators work collaboratively with the children to combine their ideas with the programmed activities. So if your child says “I didn't do anything on the program today”, ask them what they did do, because they may be the child who suggested an alternative activity. A record of all activities, both programmed and spontaneous is displayed on the walls for you to see. The Educators are here to talk about what happened during the day as well.

Excursion

Forest Lake Lodge

Walking at 9.30am returning 12.30pm

Bring:

Drink bottle,



bucket hat



Wear: College Sports Uniform



Office Use Only:

Date received: _____ By: _____ Date Processed: _____ By: _____ Statement sent: Yes No

Medical consent form: Yes No N/A Excursion permission letter: sent Yes No returned Yes No

