

ABCC VACATION CARE BOOKING FORM



Vacation Care Period: Monday September 18 – Friday September 29, 2017
Last Day Guaranteed Booking: Monday September 11, 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 | Child | Sept 18 | | | | Sept 19 | | | | Sept 20 | | | | Sept 21 | | | | Sept 22 | | | | Sept 11, 2017 |
| | | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | |
| Week 2 | Child | Sept 25 | | | | Sept 26 | | | | Sept 27 | | | | Sept 28 | | | | Sept 29 | | | | Sept 18, 2017 |
| | | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 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 (11/9/17)** **\$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.

Kindy children do not leave the Primary School Campus on excursions. 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</p> | Cost: N/A |
| | | Requirements: |
| | | Signature: |
| Monday 18 th September 2017 | <p><u>Incursion</u> <u>Bazil Grumble</u></p> <p>Create-a-circus is at ABCC today. We will be clowns and learning circus tricks. <i>Risk Assessment Available in ABCC Office</i></p> | Cost: \$14 |
| | Requirements: | |
| | Signature: | |
| Tuesday 19 th September 2017 | <p><u>Bike and Scooter Day</u></p> <p>Bring your bike <u>or</u> scooter today and don't forget your helmet. <i>Risk Assessment Available in ABCC Office</i></p> | Cost: N/A |
| | Requirements: Helmet and enclosed shoes. | |
| | Signature: | |
| Wednesday 20 th September 2017 | <p><u>Incursion</u> <u>Castles Castles Jumping Castle</u></p> <p>Join us for a fun filled day of jumping! <i>Risk Assessment Available in ABCC Office</i></p> | Cost: \$11 |
| | Requirements: Sleeved shirt and hat | |
| | Signature: | |
| Tuesday 26 th September 2017 | <p><u>Excursion</u> <u>Rocks Riverside Park</u></p> <p>Join us for a day in the park and a sausage sizzle lunch. Wear your sports uniform, bring a hat, and drink bottle. <i>Risk Assessment Available in ABCC Office</i></p> | Cost: \$11 |
| | Requirements: Sports uniform, hat and drink bottle | |
| | Signature: | |
| Thursday 28 th September 2017 | <p><u>Incursion</u> <u>Go Kart Wild</u></p> <p>Get ready for some high-powered pedal pushing fun. Bring your helmet and closed in shoes. <i>Risk Assessment Available in ABCC Office</i></p> | Cost: \$11 |
| | Requirements: Helmet and closed in shoes | |
| | 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 Executive Principal of FSAC Ltd 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.

Parent / Guardian

Date



Excursion Permission Form

We are going on an excursion to **Rocks Riverside Park** on **September 26th, 2017**. Located at **5 Counihan Rd, Seventeen Mile Rocks QLD 4073**. At the park children will be engaging in games and with the playgrounds. Due to Educator/Child ratios there will be no water activities during our time at the park.

We will be leaving St John's Anglican College, Alpine Place, Forest Lake at 9.30am and journeying to Rocks Riverside Park and returning via the same route to arrive by 2.30pm. 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 8 children. The number of children and names of staff attending the excursion will be displayed 24 hours prior to departure.

REMINDER: 48 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 and Sports Jacket**, enclosed shoes, socks, and bring a hat, and lunch box and drink bottle. If you wish your child to participate, please complete the form below and return to ABCC as soon as possible as spaces are limited.

_____ ✂ _____ ✂ _____

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

Give permission for my child to be included in the **Rocks Riverside Park** on **September 26th, 2017**. **5 Counihan Rd, Seventeen Mile Rocks QLD 4073**.

General Information for Vacation Care:

Vacation Period: **Monday September 18 – Friday September 29, 2017**

Last Day for Guaranteed Bookings: **Monday September 11, 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** – slip on shoes, thongs, loose sandals 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 during the day. 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 also here to talk about what happened during the day as well.

Excursion

Rocks Riverside Park

Bus leaves at 9.30am returning 2.30pm

Bring:

Lunch box, 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

