

Early Years VACATION CARE BOOKING FORM



Vacation Care Period: Monday June 19 – July 10, 2017

Last Day Guaranteed Booking: Monday June 12, 2017

Family Name: _____

Child/ren's 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	June 19	June 20	June 21	June 22	June 23	June 12, 2017
Child	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	
Week 2	June 26	June 27	June 28	June 29	June 30	June 19, 2017
Child	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	
Week 3	July 3	July 4	July 5	July 6	July 7	June 26, 2017
Child	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	1 2 3 4	
Week 4	July 10 (PFD)	<i>Back to school</i>				July 3, 2017
Child	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 (12/6/17)** **\$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 Early Years ABCC

Date	Activity	
Tuesday 20th June	<u><i>Incursion</i></u> <u><i>Puppets Galore</i></u> Join us for a puppet workshop. Using new and recycled products <i>Risk Assessment Available in ABCC Office</i>	Cost: \$14
		Requirements: NIL
		Signature:
Thursday 22nd June	<u><i>Excursion Preps and Year One Only</i></u> <u><i>Cineplex Redbank Plaza</i></u> Depart: APC 9.00 am Return by: to APC by 2.00 pm Travel by FSAC Bus. Travel time: 1 hour Join us as we enjoy the New Cars 3 Movie. Please indicate what small drink you would like: <input type="checkbox"/> Coke <input type="checkbox"/> Fanta <input type="checkbox"/> Lemonade <input type="checkbox"/> Water <i>Risk Assessment Available in ABCC Office</i>	Cost: \$30 inc bus movie ticket and small drink and popcorn
		Requirements: <i>College sports shirt and Sport Jacket</i> Hat. Morning Tea and Lunch. Water Bottle.
		Signature:
Tuesday 27th June Monday 3rd July	<u><i>Gardening Day</i></u> We will be putting our garden plan into practice! <i>Risk Assessment Available in ABCC Office</i>	Cost: N/A
		Requirements: Hat and gardening gloves
		Signature:
Wednesday 28th June	<u><i>Incursion</i></u> <u><i>Hungerballs</i></u> Test your skills in this ultimate inflatable soccer stadium <i>Risk Assessment Available in ABCC Office</i>	Cost: \$14
		Requirements: Hat
		Signature:
Thursday 29th June	<u><i>Incursion</i></u> <u><i>Super Hero Yoga</i></u> Breathe like Batman, swing like Superman, hold your tree pose <i>Risk Assessment Available in ABCC Office</i>	Cost: \$10
		Requirements: NIL
		Signature:
Tuesday 4th July	<u><i>Incursion</i></u> <u><i>Creative Dance</i></u> Come along and join us for a morning of dancing Minion style <i>Risk Assessment Available in ABCC Office</i>	Cost: \$10
		Requirements: NIL
		Signature:
Thursday 6th July	<u><i>Excursion Preps and Year One Only</i></u> <u><i>New Farm Park</i></u> Depart: APC 9.30 am Return by: to APC by 2.00 pm Travel by FSAC Bus. Travel time: 1 hour Join us as we explore this beautiful park <i>Risk Assessment Available in ABCC Office</i>	Cost: \$15 bus
		Requirements: Requirements: <i>College sports shirt and Sport Jacket</i> Hat. Morning Tea and Lunch. Water Bottle.
		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 **Cineplex Redbank Plaza** on **June 22nd, 2017**. Located at **Redbank Plaza, 1 Collingwood Dr, Redbank QLD 4301**. At Cineplex the children will be watching the Cars 3 Movie.

We will be leaving St John's Anglican College, Alpine Place, Forest Lake at 9am and journeying to Redbank Plaza and returning via the same route to arrive by 2pm. Estimated travel time is 30 minutes each way, totaling 60 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 **Cineplex Redbank Plaza** on June 22nd, 2017. **Redbank Plaza, 1 Collingwood Dr, Redbank QLD 4301**.

Parent / Guardian Date



Excursion Permission Form

We are going on an excursion to **New Farm Park** on **July 6th, 2017**. Located at **Brunswick St, New Farm QLD 4005**. At New Farm Park the children will engage and explore the park and its surrounds.

We will be leaving St John's Anglican College, Alpine Place, Forest Lake at 9am and journeying to New Farm Park and returning via the same route to arrive by 2pm. Estimated travel time is 30 minutes each way, totaling 60 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 **New Farm Park** on July 6th, 2017. **Brunswick St, New Farm QLD 4005**.

Parent / Guardian Date

General Information for Vacation Care:

Vacation Period: **Monday June 19 – July 10, 2017**

Last Day for Guaranteed Bookings: **Monday June 12th 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

Prep and Year One only
Movie

Cineplex Redbank Plaza

Bus leaves at 9am returning 2pm

Bring:

Lunch box, Drink bottle,



bucket hat

Wear: *College Sports Uniform including Sports Jacket*



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

Excursion

Prep and Year One only

New Farm Park

Bus leaves at 9.30am returning 2pm

Bring:

Lunch box, Drink bottle,



bucket hat

Wear: College Sports Uniform including Sports Jacket

