



## **Vacation Care Program July 2017.**

This program will run from

Monday 3<sup>rd</sup> July 2017- Friday 14<sup>th</sup> April 2017.

**This program will be subsidized by CCR/CCB**

Weeden Heights OSHC Vacation Care Program offers a Quality Program for children to spend their holidays. Excursions and Activities are organised for each day by skilled and motivated Educators.

The Vacation Care Program is available to all children/families, not just those attending Weeden Heights Primary School.

Weeden Heights OSHC Vacation Care  
7am- 6pm Monday -Friday  
41-51 Weeden drive, Vermont South 3133  
[oshc@weedenheightsps.vic.edu.au](mailto:oshc@weedenheightsps.vic.edu.au)  
9802 6903  
Coordinator: Beth Alter

# Weeden Heights OSHC Vacation Care Program July 2017

<b>Monday 3 July</b>	<u><b>In house: Wheels Day</b></u> Bring your bikes, scooters, skateboards, rollerblades etc. and have some fun with friends. *Please ensure appropriate foot wear and all safety gear is worn.*	\$45
<b>Tuesday 4 July</b>	<u><b>IncurSION: Harry Potter Potions Class</b></u> Each student will be sorted into Hogswart's houses and will participate in science-based experiments. Children's choice in the afternoon.	\$55
<b>Wednesday 5 July</b>	<u><b>In house: Amazing Race Day</b></u> Students complete small challenges while completing a scavenger hunt.	\$45
<b>Thursday 6 July</b>	<u><b>Excursion: Inflatable World</b></u> We will venture over to Knox indoor sports Inflatable world for 2 hours of fun! Children's choice in the afternoon.	\$60
<b>Friday 7 July</b>	<u><b>In house: World Day</b></u> Each student will get a passport and a stamp once they have participated in activities from countries all over the world. Dress up in your favourite countries colours/national dress.	\$45

<b>Monday 10 July</b>	<u><b>IncurSION: Zoo to You.</b></u> Rock pool discovery. We will explore all the wildlife you can find in a rock pool. Children's choice in the afternoon.	\$55
<b>Tuesday 11 July</b>	<u><b>Excursion: Bowling and Laser Tag</b></u> Forest Hill AMF. We will be having some fun at bowling. Children's choice in the afternoon.	\$60
<b>Wednesday 12 July</b>	<u><b>In house: Pyjama Day</b></u> This is a lazy day where everyone wears their pyjamas and we watch movies together and play group games.	\$45
<b>Thursday 13 July</b>	<u><b>In House: Cooking Rotations.</b></u> Calling all Master chefs for fun in the kitchen. *Students will not require lunch today as we will be cooking it.* Children's choice in the afternoon	\$45
<b>Friday 14 July</b>	<u><b>IncurSION: Superhero school</b></u> Students will participate in many activities enhancing both their bodies and their imagination. Children's choice in the afternoon. *Children are welcome to dress up as superheros*	\$55

### **NOTICE TO PARENTS**

- Hours of Operation 7am – 6pm each day
- Late fees of \$1 per minute will be charged for all children at the program after 6pm. Program must be notified if you are aware that you will be late
- Breakfast will be available until 8.30am daily
- The advertised program is flexible and may change due to unforeseen circumstances
- Buses for excursions will leave on time. Please arrive at least 15 minutes before departure time
- The service reserves the right to suspend a child who continually exhibits unacceptable behaviour
- The Vacation Care program will not be responsible for loss or damage of expensive toys brought to the program

### **WHAT DOES MY CHILD NEED TO BRING?**

Children must bring a nutritious lunch, drinks and several snacks each day (Unless program specifies). The children are very active during the program and develop healthy appetites. Please bring a water bottle. All food needing reheating or cooking **MUST** be given to staff on arrival for appropriate storage.

**Children MUST bring a Sunsmart hat at all times.** Children must wear appropriate clothing and footwear for activities. A change of clothes “just in case” is recommended. Some activities are rather messy and old clothing or an art smock are essential.

### **LEAVING AND COLLECTING CHILDREN**

Parents/guardians must sign children IN and OUT of the program each day. If any other person is to collect a child, the parent must inform the Co-ordinator in writing. In the event of an emergency-preventing pick-up by 6pm, the service must be contacted on 9802 6903. Penalty payments will still apply.

### **BOOKING PROCEDURES**

Complete the enrolment form attached. (Separate forms for each child)

- Completed forms **MUST** be given to the OSHC staff. Invoices will be sent/emailed out once the program starts with payments due by the end of the program.
- **Bookings will not be accepted by phone, However can be emailed directly to the OSHC program [oshc@weedenheightsps.vic.edu.au](mailto:oshc@weedenheightsps.vic.edu.au)**
- Program places are limited to 30 children per day
- Bookings can be made during the program if vacancies exist
- All enrolments will be accepted under Department of family & community services priority of places outlined
- For more details please see the coordinator.

### **INFORMATION PRIVACY**

All personal information collected by this service will remain confidential at all times & will only be used for program provision requirement



# Weeden Heights PS OSHC Vacation Care Enrolment Form

Name of Child ..... Male/Female  
Date of Birth ..... Child's CRN.....  
School Child Attends .....  
Mother / Guardian Name..... Mother's CRN.....  
Mother's date of Birth.....  
Phone No (Home) .. (Business).....  
(Mobile) .....  
Father / Guardian Name..... Father's CRN.....  
Father's date of Birth.....  
Phone No (Home) .. (Business) .....  
(Mobile) .....

Are there any special custody arrangements?  Yes  No  
If Yes please give details .....  
IF A COURT ORDER EXISTS THIS INFORMATION MUST BE PROVIDED TO THE COORDINATOR

Emergency Contact (other than parent / guardian)  
Name ..... Phone .....  
Name .....Phone .....

Family Doctor ..... Phone No .....  
Medicare Number .....

Do you subscribe to an Ambulance Service?  Yes  No

Any relevant health problems? (Eg asthma, epilepsy)

.....

Is your child allergic to any of the following? (Please circle) **Penicillin Beestings Aspirin**  
**Food** .....**Other** .....

Please indicate if your child has a disability, developmental delay or other special need.

.....

IF YES, PLEASE ATTACH A COPY OF ACTION/ MANAGEMENT PLANS.

## PLEASE ANSWER THE FOLLOWING QUESTIONS

Do we have your permission to assist your child in applying sunscreen to exposed areas?

Yes  No

Do you give permission for photos of your child to be only used for planning and displays within our program during Vacation Care?  Yes  No

# Weeden Heights PS OSHC Vacation Care

## Booking Form

Please return this form no later than **Friday 22nd June 2017.**

**This program will be subsidised by CCR/CCB.**

Numbers are limited; priority will be given to those that return their forms first, so get in quick.



Family Name: \_\_\_\_\_

Day	Monday 3 July	Tuesday 4 July	Wednesday 5 July	Thursday 6 July	Friday 7 July
Number of children attending					

Day	Monday 10 July	Tuesday 11 July	Wednesday 12 July	Thursday 13 July	Friday 14 July
Number of children attending					



## EXCURSION PERMISSION

(Note: EXCURSION PERMISSION SLIP MUST BE RETURNED WITH BOOKING FOR CHILDREN TO ATTEND)

All children require this form to attend any excursions and leave the premises to comply with legally binding regulations.

Child's Name: \_\_\_\_\_

Date	Excursion Activity	Time	Staff/Child Ratio
Thursday 6 July	Knox Inflatable World -Lewis road Wantirna South	9.30am- 12.30pm	4:30
Tuesday 11 July	Bowling and Laser Tag -Forest Hill shopping centre	9.30am- 1.30pm	4:30

\*\* Please Note: Risk Assessments are available on request

*I (the undersigned parent/guardian of the below named child/ren) agree to allow the below named child/ren to participate in the Weeden Heights PS Vacation Care program. I authorise the staff to take the above named child/ren on excursions.*

*In the event of illness or injury to my child whilst attending the Vacation Care program; I authorise the Coordinator to consent, where the Coordinator is unable to contact me; to my child seeking such medical treatment as may be deemed necessary by a medical practitioner.*

CHILD'S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_

\*\*PLEASE NOTE DUE TO TIME RESTRAINTS IF YOU HAVENT ARRIVED BY THE ABOVE TIMES THE SERVICE WILL ASSUME YOUR NON-ATTENDANCE AND THE EXCURSION WILL LEAVE ON TIME. THANKYOU FOR YOUR UNDERSTANDING