COROMANDEL VALLEY PRIMARY SCHOOL
VACATION CARE PROGRAM

Aim of our Service:
To provide a nurturing environment that is safe, friendly and supportive for school aged children (R–7). Each child is treated as an individual in an atmosphere where respect, curiosity, initiative and self-esteem are fostered. Children in the service are encouraged to take responsibility for their own actions and participate in new experiences. Strong relationships are built between children, staff, families and the wider community.

Our friendly staff members are:
- Janita Bentley (Director)
- Martine Gregory (Assistant Director)
- Amanda Gardner
- Mac Perry
- Nicole Dinning
- Stacey Whitelaw
- & in Vacation Care, some extra staff.

- Chloe Jarvis
- Amy Harris
- Erin Stockdale
- Kate Mainprize
- Cale Matthews
- Chris Forsyth

- Care is available between the hours of **7:15 am – 6:15 pm SHARP**. Late fees apply after 6:15
- Vacation Care staff can be contacted by phoning: **0408 824 686**.
- Please make sure you have filled out the **MEDICAL FORM** and abide by the medication distribution requirements.
- Program outings may be altered at short notice. If this occurs, alternative activities will be programmed.
- **PARENTS MUST BRING CHILDREN IN AND SIGN THEM IN EACH MORNING PLEASE.**

FEES/CANCELLATION/REFUNDS
Child Care Benefit/Rebate will reduce your fees. If you are entitled to CCB, we require a CRN and date of birth for yourself and your child. Please contact Department of Human Services on 13 61 50 for your CRN numbers.

It is essential to email or text/call with any alterations to your bookings. Due to the number of vacation care places available, cancellation of secured bookings will only be accepted before **5:00pm on the last Wednesday of each term.**

Cancellation charges after this date will be as follows:
- Cancellations received before 12 noon the day prior to a booked session will incur a 50% fee less CCB if applicable.
- Cancellations received after this time will be charged as an absence incurring the full day rate less CCB if applicable. Absences without fee - due to illness - will be accepted, if a Doctors certificate is promptly submitted.

Please note, on days where a planned excursion is cancelled due to weather or mitigating circumstances, the excursion fee will still be charged to cover staffing and other costs incurred.

FOOD AND DRINKS
Children must bring their own fresh fruit/veg snack (recess), lunch (unless stated in the program) and named water bottle. A light afternoon tea will be provided each day and fresh water is always available. Please remember that it is a long day and your child may require additional snacks. Please store all food in a sealed lunch bag or container with the child’s name clearly marked. We are unable to provide lunches unless stated in the program and are unable to reheat or cook brought lunches. When stated that the service is providing lunch, please ensure that your child will eat what is on offer as we will not be able to make a separate lunch for them.

CLOTHING AND PERSONAL BELONGINGS
Please ensure your child/ren are wearing **sun smart clothing and suitable shoes** as stubbed toes and blisters are painful and disrupt excursion/play fun! **Hats are a must**, and need to be a **wide brim/bucket/legionnaire hat** so as to protect children’s ears and necks. Please send sunscreen, and notify us if there are any allergies or sensitivity to sunscreen brands (For more information please refer to the OSHC Sun Safety Policy).

No electronic games/devices are to be brought to Vacation Care. No responsibility will be taken for the loss or damage of personal belongings.
COROMANDEL VALLEY PRIMARY SCHOOL

EXCURSION AUTHORISATION FORM - July 2018

This form must be completed by a parent/guardian who has the authority to authorise the taking of a child outside of the Vacation Care service by OSHC Educators. A form must be completed for your child/ren for each excursion being attended. Please ensure each relevant excursion section is filled with the child/s name and your signature. If this form is not adequately completed, the child will not be permitted to attend the excursion/s. Risk assessments for all excursions have been prepared and are available at the service. Please tick each excursion your child will be attending during Vacation Care and sign the permission at the bottom of each excursion.

Child/rens names: ________________________________________________________________________________

( ) Wednesday 11th July 2018: SA Opera Theatre

Reason for Excursion: Recreational/Educational
Destination: SA Opera Theatre
Transport: Private Bus
Time Frame: 930 - 1230
Proposed Activities: Tour, performance, dress ups
Likely Number of Children: 40
Educator to Child Ratio: 1:8
Child/ren Attending: _____________________________
Signed ________________________________________
(parent/caregiver)

( ) Tuesday 17th July 2018: Kuipto Forest

Reason for Excursion: Recreational
Destination: Kuipto Forest
Transport: Private Bus
Time Frame: 930 - 200
Proposed Activities: Games, cubby construction
Likely Number of Children: 40
Educator to Child Ratio: 1:8
Child/ren Attending: _____________________________
Signed ________________________________________
(parent/caregiver)

( ) Wednesday 12th July 2018: Mitcham Cinema

Reason for Excursion: Recreational
Destination: Mitcham Cinema
Transport: Train incl. Walk to train station and return
Time Frame: 900 - 130
Proposed Activities: watching a movie
Likely Number of Children: 40
Educator to Child Ratio: 1:8
Child/ren Attending: _____________________________
Signed ________________________________________
(parent/caregiver)
## Vacation Care Enrolment Form

**Family Name:**

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Birth Date</th>
<th>M/F</th>
<th>CRN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Indigenous Status:**

- Aboriginal: YES/NO
- TS Islander: YES/NO

### Parent/Guardian Information

<table>
<thead>
<tr>
<th>Parent/Guardian Name</th>
<th>Parent/Guardian Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Home Phone</th>
<th>Work Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mobile</th>
<th>Mobile</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>CRN :</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Email Account Invoices:** Y / N

**POSTAL ADDRESS:**

**EMAIL:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone</th>
<th>Phone</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mobile</td>
<td>Mobile</td>
<td>Mobile</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationship</th>
<th>Relationship</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Collection Authority</th>
<th>Collection Authority</th>
<th>Collection Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No</td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

Any likes/dislikes/useful information about your child/ren’s physical, emotional, spiritual or mental well being that will assist staff:
COROMANDEL VALLEY PRIMARY SCHOOL VACATION CARE BOOKING FORM

PHONE: 0408 824 686  FAX: 8370 2436

Please notify us if any details or emergency contacts have changed—it is the responsibility of the parents to update your details - If you are a new family, or are updating information, please fill out the information on the back of this page.

BOOKING DETAILS:
Please note that on excursion days, all children need to be at the centre by 9am, unless an earlier time is stated.

Bookings will only be accepted on lodgement of a completed Enrolment Form including direct debit details, EFT or upfront payment. OSHC accounts must have been finalised before Vacation Care forms will be accepted. Please speak to Martine or Janita for your OSHC account amount prior to returning Vacation Care forms.

Does your child/ren have any medical needs/conditions that need to be brought to our attention
If yes, please ask for the relevant form and return for our records, ALONG WITH ANY REQUIRED MEDICATION.

PAYMENT AUTHORISATION — Please tick the box of which method you will be paying your Vacation Care account:

- Cash / Cheque
- Credit Card - Current details already on file Yes/No (if no, we will phone to collect them or to update our system)
- EFT - (this is our preferred method). Account details below.

Account name: Coromandel Valley P.S Council Inc OSHC Account
BSB: 105 078 ACC: 059 214 440 Please write your child’s SURNAME and VAC as the ‘Description of Transfer’

OUT OF SCHOOL HOURS CARE/VACATION CARE - PARENT INFORMATION
(Please initial in boxes provide for each approved action)

Child Information/Medical
I give permission for staff to exchange information relating to my child with school staff and to the appropriate person(s) (eg. in an emergency/special needs of my child/children). I have given staff written details of any medical/health issues relating to my child/children. I further give consent for medical or dental assistance to be given to my child without notice to myself in the event of an emergency should this be deemed necessary and I cannot be reached by telephone. I hereby give permission for the Coromandel Valley Vacation Care staff to use their judgment in obtaining the best such service as required. I understand that any cost incurred will be my responsibility. I hereby agree that Coromandel Valley Vacation Care and all staff, whether paid or voluntary, of the Vacation Care Program, shall be exempt from all liability including any loss, injury or damage sustained by my child while participating in the program.

Photo Consent/Movie Video Viewing
I consent to photographs (still or video) being taken of my child/children, as part of the OSHC/VAC program and being displayed around the OSHC/VAC site on display boards and newsletters. I further consent to my child/children viewing age appropriate G and PG movies or videos.

OSHC/VAC Behaviour Management
The OSHC/VAC Program has a Behaviour Management Policy in place where the main feature is to recognise and support positive behaviours. I understand that it is the responsibility of the parent to inform and support the staff with the child's behavioural needs.

I consent for my child/children to participate in any excursions conducted by the Vacation Care Program via any mode of transport (including bus, car, train, public transport or walking), but not excluding any other means. I am aware I have access to all risk assessments for the above listed excursions and incursions.

Custody/Access (please attach a copy of order, if we do not already have a copy)
Are there any family court/restraining orders? Yes/No

PARENT’S DECLARATION
(Must be signed)
I agree to pay the required fees for my child’s booked Vacation Care hours and accept the policies and rules of the service.

Parent/Guardian signed .............................................................. Date ...............................