

December/January Vacation Care Booking Sheet

Parent's name/account to be charged: _____

Children's names, priority of access, school year and school name:

- | | | | |
|----|---|-------------|-------------|
| 1. | P | School year | School name |
| 2. | P | School year | School name |
| 3. | P | School year | School name |

PRIORITY OF ACCESS

In cases where demand for child care exceeds places available, the following categories will apply in determining placement:

Priority 1: a child at risk of serious abuse or neglect

Priority 2: a child of a single parent who satisfies, or of parents who both satisfy, the work / training / study test under section 14 of the *A New Tax System (Family Assistance Act) 1999*

Priority 3: Any other child from Seacliff Primary School.

Priority 4: Any other child.

Priority 5: Children not yet attending school.

Before Christmas - Vacation Care		After Christmas - Vacation Care	
Mon 14th Dec Wheels Day		Thurs 7th Jan Water Play Day	
Tues 15th Dec Gorge Wildlife Park *		Fri 8th Jan Sensory Day	
Wed 16th Dec Playground Crawl *		Mon 11th Jan Mega Courts *	
Thurs 17th Dec Glenelg Beach House *		Tues 12th Jan (Yr 2 and up) Bowling & Laser Tag *	
Fri 18th Dec Ready Steady Cook		Tues 12th Jan (Kindy-Yr 1) Disney & Dress Up day	
Mon 21st Dec Santa's Workshop & Lego		Wed 13th Jan Farm Animals Day	
Tues 22nd Dec Beach Day *		Thurs 14th Jan Ignite Virtual Reality	
Wed 23rd Dec Christmas Art & Craft		Fri 15th Jan Plucka's Art Studio *	
		Mon 18th Jan Cinema *	
		Tues 19th Jan Latitude *	
		Wed 20th Jan Radicool Reptiles Day	
		Thurs 21st Jan Ice Skating *	
		Fri 22nd Jan Sport & Playground Games	
		Mon 25th Jan Mandela & Nature Craft	
24th December - 6th January Closed			
Excursion *			

December/January Vacation Care Consent Form

Please read this form fully before signing

I give permission for my child/ren _____
to attend the following incursions/excursions. I am aware of the planned activity times, policies and what my child/ren will need each day. I am aware that there may potentially be a mixture of children from various schools at the OSHC Vacation Care sessions and that during excursions there will be members of the public also using the venues at the same time.

Emergency Contacts: (Please provide, even if you have done this before)

Name: _____ Home Phone: _____ Work/Mobile: _____

Name: _____ Home Phone: _____ Work/Mobile: _____

I have read and understood the centre's policies on bookings, cancellations, payment, sun safety, water, nutrition, footwear, electronics, extreme weather and behaviour.

I certify that Seacliff OSHC has current information and documentation of my child/ren medical and dietary needs (If not, **UPDATE OSHC IMMEDIATELY**)

Bookings for Vacation Care are cut off at the end of the **Week 7 Term 4 (Friday 27th November)** and places will be allocated based on priority. Bookings will be confirmed by text by Tuesday 1st December. In the event that a category is oversubscribed at the cut-off date, allocation of places will be on a first in basis. Bookings will be accepted after the cut-off date from all categories with spaces, however, will be on a first in basis.

Bookings will not be accepted if the account is not at a nil balance by the end of Term 4 Week 7 (Friday 27th November).

Please list any suggestions you have for upcoming Vacation Care Programs.

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Parent Signature: _____ Date: _____

Staff Signature: _____ Date: _____