

Hope Christian College OSHC

Vacation Care Bookings & Consent Form

Bookings must be received by the end of Week 8 of the school term to allow time to finalise staff rosters. Any bookings made after this date will be considered late and may cause disappointment if booked out and therefore cannot be accommodated. Late bookings may be accepted but only if there are vacancies and staff available to keep within staff:child ratios and will be at the discretion of the Director.

A no cancellation policy applies after close of business Friday week 8 of the school term i.e. if a booking is made and then no longer required, you will be charged an absence day (less CCS if the absence is within the 42 days allowable absences for the year). **Therefore, please take extra care and consideration when lodging your booking form.**

Family Name: _____

HOLIDAYS WEEK 1: 6th – 10th July 2020

Sign the days that you require care and provide arrival and collection times

Monday 6 th USA Independence Day celebration Including cooking <i>*Risk Assessment is available for viewing</i>	Children's names:	
	Arrival time:	Departure time:
	Signature:	
Tuesday 7 th INCURSION (10:30 AM) Lego Masters competition with Trent & Josh <i>*Risk Assessment is available for viewing</i>	Children's names:	
	Arrival time:	Departure time:
	Signature:	
Wednesday 8 th INCURSION (10:30 AM) Giant games <i>*Risk Assessment is available for viewing</i>	Children's names:	
	Arrival time:	Departure time:
	Signature:	
Thursday 9 th Movie@OSHC <i>*Risk Assessment is available for viewing</i>	Children's names:	
	Arrival time:	Departure time:
	Signature:	
Friday 10 th Tie dye your own T-shirt <i>*Risk Assessment is available for viewing</i>	Children's names:	
	Arrival time:	Departure time:
	Signature:	

Family Name: _____

Holidays WEEK 2: 13th – 17th July 2020

Sign the days that you require care and provide arrival and collection times

Monday 13 th Table tennis tournament <i>*Risk Assessment is available for viewing</i>	Children's names:	
	Arrival time:	Departure time:
	Signature:	
Tuesday 14 th Chaplaincy fun <i>*Risk Assessment is available for viewing</i>	Children's names:	
	Arrival time:	Departure time:
	Signature:	
Wednesday 15 th Movie@OSHC <i>*Risk Assessment is available for viewing</i>	Children's names:	
	Arrival time:	Departure time:
	Signature:	
Thursday 16 th INCURSION (10:30 AM) Bouncy castle <i>*Risk Assessment is available for viewing</i>	Children's names:	
	Arrival time:	Departure time:
	Signature:	
Friday 17 th INCURSION (10:30 AM) National Pyjama Day Including bouncy castle <i>*Risk Assessment is available for viewing</i>	Children's names:	
	Arrival time:	Departure time:
	Signature:	

General permissions/acknowledgments:

- I understand the programs will be flexible and can be cancelled, modified or shortened if it is in the children's best interests and at the Director's discretion. Families will be informed as soon as practicable.
- I understand that if my child shows highly inappropriate behaviour (eg. verbal abuse), has purposefully injured or intended to injure another child/staff member, poses any other threat or risk to other children or staff members, or has run away from the service, the service has a right to contact me to come and collect my child immediately. I am aware this may mean denial of access to the Vacation Care Program or attendance/participation on excursions or incursions.
- I understand my child may be exposed to G or PG rated electronic content during this Vacation Care such as DVDs. Educators preview all DVD movies available. If a child brings a DVD from home, it will only be allowed if one of the Educators has previewed it and deemed it appropriate. All content must be G or PG.
- I understand that all content (including music) must be appropriate (i.e. nothing over a PG rating).
- I understand that mobile phones, electronic handheld, telecommunications/internet connected devices are not permitted.

Parent signature: _____

Dated: _____