

ROWELLYN PARK PRIMARY SCHOOL

OSHC — Po Box 8134

9782-0080 or 0409965998

Groenendyk.leanne.m@edumail.vic.gov.au

25th September – 6th October 2017

6.30AM To 6.30PM

Please ensure that you complete the following booking form in full as these forms are taken with us on excursions:

If you have not used the program before you will also need to complete an official enrolment form that you will need to ask for if you do not have one.

Booking Form:

(Parents Information)

Parent/Gaurdian

Surname: _____ FirstName _____ D.O.B. _____

CRN no: (person claiming from Centrelink) _____

Email address (statements emailed) _____

Address: _____

Telephone: Home: _____ Mobile no: _____

Business Name: _____ Phone: _____

Parent/Guardian

Surname: _____ First Name _____ Phone: _____

Local emergency contacts:

(1) Name: _____ Relationship: _____

Ph:(H) _____ (W) _____

(2) Name: _____ Relationship: _____

Ph(H) _____ (W) _____

Authorized names for picking up child

Is there any court orders in place? If so do we have a copy of the documentation?

Family Doctor: _____ Telephone: _____

Medicare number: _____

Will you have any siblings attending another childcare in the same week that the child/children on this form are attending Rowellyn program.

How many

(Children's Information)

Child's Name: _____
 D.O.B. ___/___/___ School Attending _____
 CRN: _____

Suffers From:
 Fits Heart Condition
 Asthma Dizzy Spells

Allergies:
 Penicillin Aspirin
 Bee Stings Any food (please list food)

Permission:
 To use: Sunscreen Zinc Cream Face Paint
 Photo's (local paper/display) Head Lice Checks

Comments:

Child's Name: _____
 D.O.B. ___/___/___ School Attending _____
 CRN: _____

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Comments:

We value your input, please write any comments in regards to your expectations of the program, special dietary needs, children's interests etc.-

Please tick or cross the days you require

Week One:

September

Mon 25th Tues 26th Wed. 27th

Thurs 28th Excursion/ Lunch provided

Frid 29th **Public Holiday Centre Closed**

Week Two:

October

Mon 2nd Tues 3rd Wed. 4th Excursion

Thurs 5^h Frid 6th Lunch provided

ROWELLYN PARK OUTSIDE SCHOOL HOURS CARE VACATION CARE EXCURSION PERMISSION FORM

Dear Families,

We will be attending two excursion over the Sept/Oct period. The children will be travelling by bus to the specific location and the time is specified on the detailed program outline that is attached.

The cost is covered in your daily fee unless otherwise specified on the program.

Please complete (tick the excursion or activities that your child will be attending) sign and return with enrolment form, when you register for vacation care program.

Please refer to the program so you are aware of the necessary requirements the children will need each day.

Rowellyn Park Outside School Hours Care - Permission and Medical Consent

I give permission for my child/ren

.....
.....

To attend the excursion or be part of the following activities as programmed for the Vacation Care Program.

In general:

- Permission to have face painted (if applicable)
- Permission to use sunscreen (if applicable)
- If your child needs assistance to apply the sunscreen you give permission for an educator to do so
- Permission to use zinc cream (if applicable)
- Head lice checks
- Photos for program use only (children's reflections and port folios)
- Photos for media or promotion purposes
- Have finger/toe nails painted

Comments: _____

Week One:

● **Thursday 28th September:**

Excursion to Ballam Park – (Bus to and from). Bus will depart 9.30am and return approximately 4pm. Children will spend the day at Ballam park participating in a number of planned group activities. A BBQ lunch will be provided.

Comments: _____

Week Two:

● **Wednesday 4th October:**

Excursion to Village Cinemas Karingal (every child will receive a bottle of soft drink and a small popcorn unless specified below)

Comments: _____

● **Friday 6th October:**

Rides coming into the program from 11am-4pm (Aussie Amusments)

Comments: _____

Please note: On the excursion days we also take a car with us, in the case of an emergency. The car being used will have full compressive insurance and the nominated driver will hold a full Victorian licence.

I authorise the Coordinator in charge to consent, where impracticable to communicate with me, to my child receiving such medical or surgical treatment as deemed necessary or being transported in the car.

Cars for excursion days:

Thursday 28th September: Toyota Yaris registration no: XSQ-495

Wednesday 6th October: Toyota Yaris registration no:XSQ-495

Please note if a child is required to be transported by car there will two educators in which one will be the Coordinator (Leanne Groenendyk) and another nominated educator.

Parent/guardians Name: _____

Parent/guardians signature: _____

Date: _____

Emergency Contact Number for the day: _____

Please note: All necessary medical requirements eg. Asthma inhalers etc. should be brought on the day of the excursion and if necessary given to the nominated educator. A medical form (available from the Coordinator or educator) will need to be completed and placed with the medication.



BEHAVIOUR CONTRACT

I have read (please ask if you require a copy) and discussed the OSHC responsibilities/expectations and the expectations around digital use at OSHC with my child/ren and believe they have a clear understanding of the expected behaviour and procedures to follow when attending any of the OSHC programs. We agree to comply with the behaviour procedures and understand that when this agreement has been broken that the OSHC program has the right to implement consequences.

Name: (Parent/guardian) _____

Signature _____

Child's name: _____

Signature: _____

Child's name: _____

Signature: _____

Child's name: _____

Signature: _____

Dated: _____

Rowellyn Park Primary School OSHC has permission to take photos or video footage of my child to display:

In their portfolio books yes no

Displays within the OSHC building yes no

Books promoting the program yes no

My child has permission to view G,E and PG rated films and television programs while supervised by the educators at Rowellyn Park OSHC

yes no

I give permission for coordinator or medical coordinator to conduct a head lice check on my child

yes no

Comments: _____
