



**Rowellyn Park**  
PRIMARY SCHOOL  
*together we learn*

**VACATION CARE PACK**  
**FOR**  
**December 22/**  
**January 23**

*Please note wide brim hats must be worn when participating in outside activities (no caps permitted)*

PLEASE TAKE THE TIME TO READ THE FOLLOWING INFORMATION AS IT IS IMPORTANT AND THERE HAS BEEN SOME CHANGES.

**Sun smart in place-Children must wear a sun smart hat (wide brim) in order to participate in outside activities. Caps will not be accepted. Children will not be able to participate in outside activities without a sun smart hat. (Sept. – May)**

HOURS OF OPERATION: 6.30AM-6.30PM

COST: \$65.00 (less CCS discount)



# Rowellyn Park

PRIMARY SCHOOL

## **MEMO!!!!!!**

Dear Families:

**Opening hours: 6.30 am to 6.30pm**

**Cost: \$65.00 per day (before CCS funding is applied in applicable)**

Mobile Phones/Electric devices: Please note children who choose to bring these from home (to play games on only). They cannot have access to any internet as we will not be able to control what they are watching, calling, or messaging. They cannot be used to take any photos at all.

### **Bookings:**

**Please note that children who are enrolled to commence school (Foundation) may attend the January 2023 vacation program.**

### **Excursions:**

Please note there will be two excursions for the January holiday as we will be having a number of school based excursions.

### **Absences:**

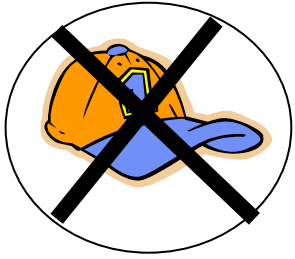
**If your child is booked into Vacation and you do not cancel before 6pm the day before, your booking will be marked and charged as 'ABSENT', unless you provide a doctor's certificate.**

### **Program outline:**

Please read the program each day to ensure what activities are planned for the day, as your child/children may require wearing special clothing or bring a plate of food, lollies or prizes as part of the program.

**In order to process your booking I would appreciate your completed form returned before Friday 16<sup>th</sup> December in order to process and confirm numbers. Due to staffing some days may need to be capped therefore it is important you have your form back in time.**

**Thanking You Leanne Groenendyk (Coordinator)**



**As part of the sun smart policy children are required to wear a wide brim hat when participating in any activities outside. Caps will not be accepted and children without wide brimmed hats will not be able to participate in outside activities this includes excursions.**

**Children may bring a hat from home and leave it in a box to ensure their hat is available for them every day.**

**You can purchase a hat from us at a cost of \$8.00 which will be named and kept here while your child attends the program.**

**IF YOU DON'T HAVE A HAT YOU WILL LIMIT YOUR PARTICIPATION IN OUTSIDE ACTIVITIES**

**This will apply for the December and January vacation program**

Dear Families,

Included in this pack is a vacation care booking form that will need to be complete in full. Families who have not used the program before will also need to complete an official enrolment form. (If you do not have one please ask).

It is important that all forms are completed correctly to ensure we have the correct details on the computer.

**Children are required to wear a wide brim hat when playing outside this includes excursions. Caps are not and will not be accepted. (Applicable September 1<sup>st</sup> to May 1<sup>st</sup>).**

**Please ensure you pack a spare pair of clothes each day in case we have water play WHEN IT IS A HOT DAY. (IF APPLICABLE)**

Please note we only have limited places per day therefore it is important you return these forms as soon as possible.

Items brought from home need to be signed in and out each day.

**Please note Phones/Ipads brought from home should not be able to access internet and cannot be used to take photos. (As outlined in our policy we take no responsibility for personal belongings).**

For safety reason when going on excursion or when participating in group activities, children are placed in groups. (CHILDREN ARE GIVEN COLOURED T-SHIRTS TO WEAR).

Please note that we have children attending the program who are anaphylaxis (nuts) therefore we strongly encourage families not to pack foods containing nuts.

**Price is \$65.00 per day per child before CCS is deducted (this includes all activities and excursions).**

**When bringing food for bring a plate of food to share it is important we know the ingredients used and no peanuts.**



Dear Parents:

We would like to welcome you and your children either back, or to the program. Activities and excursions have been planned to ensure maximum enjoyment at the Vacation Care Program.

There are some recommendations that we feel are important for the success of the program.

1. Children must bring their own lunch and ample drinks. (No soft drinks or energy drinks, we will provide plenty of water). Afternoon tea will be provided.
2. The program takes no responsibility for damage/loss for personal possessions (eg: phones, ipads, game boys, dolls, bikes, CD's etc.)
3. All medication must be clearly marked and given to a leader, after signing the Medication Authority Book kept near the signing in books.
4. All children **MUST** be personally delivered to the building and their names entered on the roll each morning. When leaving, children must be signed off the roll by an authorised pick up person.
5. In the event of failure to pick up by 6.30pm, an automatic fee of \$1.00 per child per minute after 6.30pm will be charged payable at time of collection.
6. Excursions leave on time. So children must arrive at least 15 minutes early. We are unable to wait as we have booked venues at set times.
7. Activities may be changed, postponed or even cancelled depending on weather conditions and the availability of resources.
8. The centre is unable to accept a participant who is ill. If your child has any special needs or allergies it is vital you include this information on your enrolment form.
9. Please notify the centre as soon as possible if your child is not attending any of their booked days. Payment is still required unless a doctor's certificate is supplied.
10. Lost property is kept in a box near the signing in books.
11. Appropriate foot wear must be worn at all times (no thongs). Hats are to be worn outside, (May 1<sup>st</sup> –September 1<sup>st</sup>). School Council has enforced a SUN SMART POLICY RULE NO HATS NO OUTSIDE PLAY.
12. The Co-ordinator reserves the right to expel any participants who continually display inappropriate behaviour (eg. deliberately breaking the rules of the program, injury to other children or staff).
13. Every child attending the program must sign a behaviour contract to be witnessed by parent/guardian
14. Photos are sometimes taken of the children by the staff or the paper to be utilized for service awareness. If parents don't approve then a letter should be presented to the co-ordinator attached to your enrolment form.
15. In order to maximise your child's enjoyment we ask parents to discuss your concerns with the co-ordinator or a member of staff.
16. Spending money on excursion days is optional, in the case of lost money the staff will not be held responsible. If children do bring money we recommend that it is placed in a clearly named wallet, purse or envelope and given to a leader.
17. Complaints: If you have a concern of any nature in relation to the program please speak to the coordinator, alternatively you can put your complaint in writing and address it to the coordinator.

**Cost: \$65.00 per day this includes excursion costs unless otherwise specified.**

**A 10% deposit is required by the date specified on your confirmation form, outstanding balance required before the specified date on the confirmation form.**

**Hours: 6.30am – 6.30 pm Monday to Friday**

Childcare Assistance:

Apply to Centrelink (13 61 50) or through you're my gov account. The service cannot link you with centrelink unless we have CRN numbers and date of birth for the person claiming CCS and for the children attending the program (No one person has the same CRN number)

Co-ordinator: Leanne Groenendyk

Phone no: 9782-0080 or Mobile no: 0409965998 [leanne.groenendyk@education.vic.gov.au](mailto:leanne.groenendyk@education.vic.gov.au)

Po Box 8134 Carrum Downs 3201

## **PLEASE NOTE THE FOLLOWING**

THE COST OF VACATION IS \$65.00 (LESS ONCE CENTRE LINK DISCOUNTS HAVE BEEN DEDUCTED) PER CHILD, PER DAY THIS INCLUDES ALL ACTIVITIES UNLESS OTHERWISE SPECIFIED. OPENING HOURS 6.30AM- CLOSE 6.30PM PLEASE NOTE WITH THE NEW CCS YOUR FUNDING IS ACTIVITY BASED AND HOURS ARE NOW CALCULATED OVER A FORTNIGHT. THE MAXIMUM HOURS YOU CAN CLAIM IS 100 HRS HOWEVER WE CHARGE BY SESSION (12HRS PER DY TOTAL OF 120 HRS PER FORTNIGHT). MEANING IF YOU REQUIRE EVERY DAY YOU WILL PAY 20 HRS OF CARE AT FULL PRICE.

IF YOU ARE ONLY ENTITLED TO 36 HRS THIS WILL ONLY ALLOW YOU 3 DAYS OF FUNDED CARE OVER THE FORTNIGHT ANY OTHER DAYS WILL BE CHARGED AT FULL PRICE. TO TRY AND ELIMINATE SOME OF THE ADDITIONAL COST WE ARE OFFERING 10HR SESSIONS THE COST WILL REMAIN THE SAME HOWEVER THIS WILL COVER YOU FOR YOUR TOTAL MAXIMUM HOURS OF FUNDING AND IF YOU ONLY RECEIVE 36 HOURS YOU COULD USE FOUR DAYS OVER THE FORTNIGHT AND ONLY PAY FULL PRICE FOR FOUR HOURS INSTEAD OF THE WHOLE DAY.

IN ORDER TO CLAIM THE 10 HR SESSIONS YOU MUST USE CARE FOR ONLY OR UP TO 10HRS PER DAY. THIS MEANS ONCE YOU SIGN YOUR CHILD INTO CARE YOU MUST SIGN HIM/HER OUT WITHIN 10 HOURS IF YOU EXCEED YOUR 10HRS YOU BE CHARGED FOR A FULL DAY.

WHEN COMPLETING YOUR ENROLMENT FORM YOU WILL NEED TO TICK THE 10HOUR SESSION BOX.

**PLEASE NOTE THIS OPTION ONLY APPLIES TO YOU IF YOU WILL GO OVER YOUR APPROVED HOURS. IF YOU NEED TO DISCUSS THIS FURTHER PLEASE DO NOT HESITATE TO CONTACT ME. (LEANNE COORDINATOR)**

**Included below is a copy of the Behaviour Management procedure. Please ensure you read this and ensure your children have a clear understanding of the expectation required when attending the program.**

## **BEHAVIOUR MANAGEMENT PROCEDURE:**

Dear Families,

We have daily routines in place to ensure all children have a clear understanding of OSHC rules/responsibilities/expectations.

### **Procedure:**

- Children gather as a group (daily) for before and after care, morning tea time for vacation care (approx..10am) to reinforce the OSHC rules/responsibilities/expectations.
- The Rowellyn Rulz, Stages of Behaviour and OSHC rules/responsibilities/expectations (children have developed in calibration with the educators) are displayed in each area in the OSHC building.
- Our educators attend training meetings to ensure they have a clear understanding of the stages of behaviour and how to implement them.
- A behaviour management package is given to new enrolments.
- A reflection corner is developed. 'Chill out zone'.
- Individual behaviour management plans are developed (if applicable).
- Children are required to have a clear understanding of the expectations in regards to behaviour and digital use.
- Holiday program Raffle ticket system (acknowledgment).
- Electronic games, ipads are limited to 15 minutes per turn and lap tops 30 minutes, this will also applies to appliances brought from home. All electronics and devices including ones from home are turned off between 10 o clock and 1.30pm each day.

At OSHC we follow the same Rowellyn Rulz and stages of behaviour that the school have in place (adapted to suit the OSHC program).

Please note: Any behaviour which threatens or endangers the health, safety or wellbeing of others, or continual incidents of failure to comply with clearly communicated instructions will result in a child's placement in the OSHC program being reviewed and possibly terminated.

The following consequences may apply:

- Internal suspension within the program
- Suspension from a special event, excursion, vacation care program, or OSHC program
- Permanent withdrawal of child's placement in the program

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# Reminder

## The centre is opened from 6.30am to 6.30pm

- ❖ On Excursion days the bus must leave at the specified time due to being booked. We cannot wait for late comers, and you must arrive at least 15 minutes prior to departure to allow time to form groups etc.
- ❖ Please note that children will need to bring their own morning tea and lunch (afternoon tea provided) unless specified on the program.
- ❖ On excursion days lunch and morning tea should be packed in a named plastic bag.
- ❖ Children will be supplied with a coloured T-shirt to wear over their clothes. This is for safety reasons as we have such a large group.
- ❖ Please refer to the program outline each day in case we are having a special lunch or morning tea that requires you to bring something extra.
- ❖ **The attached program is only an outline of what will be offered on that specific day. This program is flexible to allow for individual needs and the agency of the children attending the program. Activities such as outside play, drawing etc. will be available daily. Please note the program is subject to change due to unforeseen circumstances out of our control (such as Covid-19 restrictions).**
- ❖ Any personal items from home need to be named and are the children's responsibility. The program cannot be held responsible for loss or damage. Please note personal electronic games including phones **cannot have internet access. Children cannot use these devices to take photos of other children.**
- ❖ Any computer games, CD's or videos brought from home, will need to be approved by the coordinator before they can be played while attending the program.
- ❖ Children may bring spending money on excursions, but we cannot promise that we will be able to spend it, so **please** do not give them money for lunch in case we cannot get to a shop to buy it.
- ❖ Some of excursion days we will be walking. Please ensure that your child/children are dressed appropriately including suitable walking shoes.
- ❖ All medication must be given to the nominated educator and a medication permission form must be completed. Where applicable action plans and doctors permission letters will need to be supplied before the child can attend the program.



# **Excursion Procedure:**

- **When attending excursions or school-based excursions children will be required to wear an OSHC coloured shirt (can be worn over your clothes) for visual safety reasons, as we have a large group of children.**
- **Please note excursion days can be quite busy and stressful trying to organise groups and friendships, especially when children are arriving at different times from 6.30am onwards.**
- **When children arrive, they will be given a colour T-shirt (in accordance with the numbers we need for each group-colour). Once all t-shirts are given out, we can then change groups around to ensure children are with their friends, where appropriate.**
- **All medication with completed medication permission form to be handed to the nominated educator. (Displayed near the sign in sheets).**
- **Children must wear appropriate clothing and shoes.**
- **Unless specified on the program outline children require morning tea, lunch and drinks in a named plastic bag.**
- **If bringing spending money we encourage money is put in an envelope stating name and amount and given to the coordinator.**
- **You will need to be at the OSHC centre before the time specified on the program, we cannot wait for late comers.**

**PUT ME ON THE FRIDGE AS A REMINDER**  
**OF IMPORTANT DAYS ONLY THIS IS NOT**  
**THE PROGRAM. PLEASE REFER TO**  
**ENCLOSED PROGRAM OUTLINE FOR DAILY**  
**ACTIVITIES**

**We recommend that you check and treat if necessary your**  
**child's hair for head lice on a daily basis.**

Children will need to bring their own morning tea and lunch unless otherwise specified on the program. There will be \$5.00 charge (payable on collection of child/ren) to cover costs if your child has no morning tea/lunch, other than the specified days listed on the program. If for any reason your child does not have lunch, please inform an educator so arrangements can be made.

**It is encouraged that all families participate when it is specified on the program to provide extra items such as a plate of food or a bag of lollies.**

There will be children attending the program who have allergies to nuts; therefore, we would encourage you not to pack any forms of nuts in the children's snack or lunch. Otherwise, an area will be allocated for them to eat their items away from the other children which are specified in our Anaphylaxis procedures.

**Please note this is not the program (refer to program outline that is attached)**  
**this is just a reminder of the important days!!!**

**Prior to Christmas**

- **Thursday 22<sup>nd</sup> December:** Bring a bag of wrapped bag of lollies to make a lolly wreath.
- **Friday 23<sup>rd</sup> December:** Bring a plate of food to share. (If your child has any special dietary requirements, please see Leanne).

**Week One:**

- **Tuesday 3<sup>rd</sup> January:** School based excursion hands on reptile show.
- **Wednesday 4<sup>th</sup> January:** Bring a plate of food to share, (If your child has any special dietary requirements, please see Leanne).
- **Thursday 5<sup>th</sup> January:** Excursion to Frankston Hoyts cinemas to see Big Trip 2. Bus departs at 10am and returns at approx.. 3.30pm. Packed morning tea and lunch required. **Please see Leanne if you require a copy of the risk assessment.**
- **Friday 6<sup>th</sup> January:** Have your photo taken in our photo booth

## **Week Two:**

- **Monday 9<sup>th</sup> January:** School based excursion Arcade games will be at the school for the whole week.
- **Thursday 12<sup>th</sup> January:** Pizza for lunch and a pinball workshop (If your child has any special dietary requirements, please see Leanne).
- **Friday 13<sup>th</sup> January:** Bring a small prize (nothing over \$5 please) or if you have toys or stuffed toys in good condition that can be used for our prizes for carnival day.

## **Week Three:**

- **Monday 16<sup>th</sup> January:** School base excursion Hairdresser will visit to style and braid children's hair, children can also have their nails painted and have foot spa. Enjoy meat/salad rolls or wrap and a smoothie for lunch. (If your child has any special dietary requirements, please see Leanne).
- **Tuesday 17<sup>th</sup> January:** Excursion to Moorabbin – Twisted science for a hands on science experiences. Bus departs at 10am and returns at approx.. 4.30pm. Packed morning tea and lunch required. **Please see Leanne if you require a copy of the risk assessment.**
- **Wednesday 18<sup>th</sup> January :** School based excursion a visit from Greg who will draw character portrait of the children.
- **Friday 20<sup>th</sup> January:** School based excursion, children will have the opportunity to create a mould of their hand in wax.

## **Week Four:**

- **Monday 23<sup>rd</sup> January:** Wert n Wild week lots of water play children will require bathers or a spare clothes and a towel.
- **Tuesday 24<sup>th</sup> January:** Lunch provided fish n chips (If your child has any special dietary requirements, please see Leanne).
- **Wednesday 25<sup>th</sup> January :** School based excursion water slide.
- **Thursday 26<sup>th</sup> January: Public Holiday Centre Closed.**
- **Friday 27<sup>th</sup> January:** School base excursion Disco 1-3pm.

**Monday 30<sup>th</sup> January: Back to School !!!!!!!!!!!!!!!**

# ROWELLYN PARK PRIMARY SCHOOL

OSHC — Po Box 8134  
9782-0080 or 0409965998

**December 21<sup>st</sup>-23<sup>rd</sup>**  
**January 3<sup>rd</sup>-27<sup>th</sup>**  
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) – must complete**

Parent/Gaurdian

Surname: \_\_\_\_\_ FirstName \_\_\_\_\_ D.O.B. \_\_\_\_\_

CRN no/name of 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: Authorized names for picking up child

(1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Ph:(H) \_\_\_\_\_ (W) \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Ph(H) \_\_\_\_\_ (W) \_\_\_\_\_

Is there any court orders in place?  Yes  No

If so do we have a copy of the documentation?

Family Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medicare number: \_\_\_\_\_

# (Children's Information)-must complete

**Child's Name:** \_\_\_\_\_  
D.O.B. \_\_\_/\_\_\_/\_\_\_ School Attending \_\_\_\_\_  
CRN: \_\_\_\_\_

**Suffers From:**  
Fits  Heart Condition   
Asthma  Dizzy Spells   
Other  \_\_\_\_\_

**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: \_\_\_\_\_

**Suffers From:**  
Fits  Heart Condition   
Asthma  Dizzy Spells   
Other  \_\_\_\_\_

**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: \_\_\_\_\_

**Suffers From:**  
Fits  Heart Condition   
Asthma  Dizzy Spells   
Other  \_\_\_\_\_

**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: \_\_\_\_\_

**Suffers From:**  
Fits  Heart Condition   
Asthma  Dizzy Spells   
Other  \_\_\_\_\_

**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:**  
\_\_\_\_\_  
\_\_\_\_\_

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

**PLEASE NOTE IF TICKING A 10HR SESSION YOU CAN ONLY ATTEND FOR 10 HOURS: ONLY TICK A 10 HOUR SESSION IF IT WILL AFFECT YOUR FORTNIGHT APPROVED HOURS. FOR EXAMPLE IF YOU ARE ENTILED TO 100HRS TO ENSURE YOU DON'T GO OVER YOUR 100 HOURS YOU WILL NEED TO TICK EVERY DAY AS A 10HR SESSIONS. THIS WILL ONLY BE APPLICABLE IF YOU WILL BE USING THE WHOLE 10 DAYS If YOU ATTEND 9 DAYS 5 WILL BE CHARGED AS 12 HOUR SESSION AND 4 AS 10 HOUR SESSION. (8 DAYS OR LESS WILL BE CHARGE AS THE NORMAL 12 HOUR SESSION).**

### Prior to Christmas:

Wednesday 21 <sup>st</sup> December	<input type="checkbox"/>	Will require a 10 hr session	<input type="checkbox"/>
Thursday 22 <sup>nd</sup> December	<input type="checkbox"/>	Will require a 10 hr session	<input type="checkbox"/>
Friday 23 <sup>rd</sup> December (Lunch provided)	<input type="checkbox"/>	Will require a 10 hr session	<input type="checkbox"/>

### Week One: (1) Monday 2<sup>nd</sup> January Centre Closed Public Holiday

Tuesday 3 <sup>rd</sup> January	<input type="checkbox"/>	Will require a 10 hr session	<input type="checkbox"/>
School based Excursion			
Wednesday 4 <sup>th</sup> January (Lunch provided)	<input type="checkbox"/>	Will require a 10 hr session	<input type="checkbox"/>
Thursday 5 <sup>th</sup> January Excursion	<input type="checkbox"/>	Will require a 10 hr session	<input type="checkbox"/>
Friday 6 <sup>th</sup> January School based Excursion	<input type="checkbox"/>	Will require a 10 hr session	<input type="checkbox"/>

Week Two: (2) Monday 9 <sup>th</sup> January	<input type="checkbox"/>	Will require a 10 hr session	<input type="checkbox"/>
School based excursion Arcade week			
Tuesday 10 <sup>th</sup> January	<input type="checkbox"/>	Will require a 10 hr session	<input type="checkbox"/>
Wednesday 11 <sup>th</sup> January	<input type="checkbox"/>	Will require a 10 hr session	<input type="checkbox"/>
Thursday 12 <sup>th</sup> January School based excursion (Lunch provided)	<input type="checkbox"/>	Will require a 10 hr session	<input type="checkbox"/>
Friday 13 <sup>th</sup> January	<input type="checkbox"/>	Will require a 10 hr session	<input type="checkbox"/>

Week Three (3) Monday 16 <sup>th</sup> January	<input type="checkbox"/>	Will require a 10 hr session	<input type="checkbox"/>
School based excursion (Lunch provided)			
Tuesday 17 <sup>th</sup> January Excursion	<input type="checkbox"/>	Will require a 10 hr session	<input type="checkbox"/>
Wednesday 18 <sup>th</sup> January School based excursion	<input type="checkbox"/>	Will require a 10 hr session	<input type="checkbox"/>
Thursday 19 <sup>th</sup> January	<input type="checkbox"/>	Will require a 10 hr session	<input type="checkbox"/>
Friday 20 <sup>th</sup> January	<input type="checkbox"/>	Will require a 10 hr session	<input type="checkbox"/>

Week Four: (4) Monday 23 <sup>rd</sup> January	<input type="checkbox"/>	Will require a 10 hr session	<input type="checkbox"/>
Tuesday 24 <sup>th</sup> January (Lunch provided)	<input type="checkbox"/>	Will require a 10 hr session	<input type="checkbox"/>
Wednesday 25 <sup>th</sup> January School based excursion	<input type="checkbox"/>	Will require a 10 hr session	<input type="checkbox"/>
Thursday 26 <sup>th</sup> January		Centre Closed Public Holiday	
Friday 27 <sup>th</sup> January School based excursion	<input type="checkbox"/>	Will require a 10 hr session	<input type="checkbox"/>

# ROWELLYN PARK OUTSIDE SCHOOL HOURS CARE VACATION CARE EXCURSION PERMISSION FORM

Dear Parent,

We will be attending two excursion and a number of school based excursions over the December/January period. The cost is covered in your daily fee unless otherwise specified on the program.

Please complete (tick the excursion/school based 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.

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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 (23<sup>rd</sup> December)
- Permission to have hair sprayed with coloured hair spray (16<sup>th</sup> January)
- Permission to use sunscreen (if applicable)
- If your child needs assistance to apply the sunscreen you give permission for an educator member 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

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Tuesday 3<sup>rd</sup> January:**

- To participate in the reptile show

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Thursday 5<sup>th</sup> January:**

- Excursion to Frankston Hoyts Cinemas, travelling by bus (Driver) Departing at 10am and returning approx.. 3.30pm

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Friday 6<sup>th</sup> January:**

To participate in the school based excursion photo booth

Comments: \_\_\_\_\_

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**Monday 9<sup>th</sup> – 13<sup>th</sup> January:**

To participate in the arcade games

Comments: \_\_\_\_\_

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**Monday 16<sup>th</sup> January:**

To participate in the school based excursion having your hair done, nails painted and foot spa

Comments: \_\_\_\_\_

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**Tuesday 17<sup>th</sup> January:**

Excursion to Twisted science Moorabbin travelling by bus (Driver) Departing at 9.30am and returning approx.. 4pm

Comments: \_\_\_\_\_

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**Wednesday 18<sup>th</sup> January:**

To participate in school based excursion and have a character portrait done by Greg.

Comments: \_\_\_\_\_

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**Friday 19<sup>th</sup> January:**

To participate in school based excursion create a wax hand

Comments: \_\_\_\_\_

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**Monday 23<sup>rd</sup>-25<sup>th</sup> January:**

To participate in school based excursion water play including water slide.

Comments: \_\_\_\_\_

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**Friday 27<sup>th</sup> January:**

To participate in school based excursion Disco 1-3pm

Comments: \_\_\_\_\_



**Authorised nominee: (please tick the boxes)**

There may be times when the child has an accident, injury, trauma or illness and the parents or guardians cannot be contacted. To deal with these situations the children's service should notify one of the following people who are authorised to collect and care for the child after accident, injury, trauma or illness.

- Any person who is authorised to consent to medical treatment of, or to authorise administration of medication to, the child.
- Any person who is authorised to authorise and educator to take the child outside the education and care service premises;
- An authorisation, signed by a parent or a person named in the enrolment record as authorised to consent to the medical treatment of the child, for the family day care educator to seek-
  - (i) Medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and
  - (ii) Transportation of the child by an ambulance service; andIf relevant, an authorisation given under regulation 102 for the family day care educator to take the child on regular outings.

First Name:	First Name:
Surname:	Surname:
Address:	Address:
Telephone (H) Mobile:	Telephone (H) Mobile:
Relationship to child:	Relationship to child:

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.

Parent/guardians Name: \_\_\_\_\_

Parent/guardians signature: \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact Number for the day: \_\_\_\_\_

Risk assessments have been completed for the above activities and are available from the Coordinator. 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 Medical Coordinator. A medical form (available from the Coordinator or Medical Coordinator) will be required to be completed and placed with the medication.

**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

# PARENTS/GUARDIAN DECLARATION

## ***Declaration and consent to emergency medical treatment***

I, *(Print full name)* \_\_\_\_\_

- declare that the information in this enrolment form is true and correct and undertake to immediately inform the children's service in the event of any change to this information;
- agree to collect or make arrangements for the collection of the child referred to in this enrolment form if she/he becomes unwell at the service;
- consent to the approved provider or in the case of an OSHC, the OSHC service to seek medical treatment for the child from a medical practitioner, hospital or ambulance service.

**Signature**..... **Date**.....

## ***Confidentiality of enrolment records***

The proprietor of the children's service must ensure that information in the child's enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Children' Services Regulations 2009 (regulation 35(1) (d-e)

**Parenting order means** a parenting order within the meaning of section 64B (1) of the Family Law Act 1975 of the Commonwealth;

**Parenting plan means** a parenting plan within the meaning of section 63C (1) of the Family Law Act 1975 of the Commonwealth, and includes a registered parenting plan within the meaning of section 63C(6) of that Act.

Approved providers are reminded of their requirement to comply with the Information Privacy Act 2000, which requires a Privacy Collection Statement to accompany any enrolment form

Signed: .....

Telephone: (H)..... (W).....

OSHC PO Box 8134 Carrum Downs 3201

9782-0080/ mobile: 0409965998

Email: [groenendyk.leanne.m@edumail.vic.gov.au](mailto:groenendyk.leanne.m@edumail.vic.gov.au)

Parents/Guardians:

We would like your input of what your expectations of the program are for your child. This information is used to meet your child's needs, interests and for future planning.

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