



Family Name: \_\_\_\_\_

Day	Activity	Cost (per child)	Names of Child(ren)	Total Cost
Monday 12 April	Inflatable Zone	\$70	1 _____ 2 _____ 3 _____	\$
Tuesday 13 April	Stardust the Face Painting Clown	\$70	1 _____ 2 _____ 3 _____	\$
Wednesday 14 April	Wacky Wednesday Dr Seuss Activities	\$70	1 _____ 2 _____ 3 _____	\$
Thursday 15 April	Mr Badger at Carrick Hill	\$70	1 _____ 2 _____ 3 _____	\$
Friday 16 April	Ninja Gym - 22Too	\$70	1 _____ 2 _____ 3 _____	\$
<b>Sub Total Week 1</b>				<b>\$</b>

Day	Activity	Cost (per child)	Names of Child(ren)	Total Cost
Monday 19 April	Cross Road Bowl	\$70	1 _____ 2 _____ 3 _____	\$
Tuesday 20 April	Street Sup (Stand Up Paddle Boarding)	\$70	1 _____ 2 _____ 3 _____	\$
Wednesday 21 April	Bloom Flower Creations or STEM Creations	\$70	1 _____ 2 _____ 3 _____	\$
Thursday 22 April	Charlie & The Chocolate Factory - Adelaide Youth Theatre	\$70	1 _____ 2 _____ 3 _____	\$
Friday 23 April	Movies @ Mitcham Cinema Raya & The Last Dragon OR Two by Two Overboard (please circle your choice)	\$70	1 _____ 2 _____ 3 _____	\$
<b>Sub Total Week 2</b>				<b>\$</b>

Day	Activity	Cost (per child)	Names of Child(ren)	Total Cost
Tuesday 27 April	Games 2 U Truck	\$70	1 _____ 2 _____ 3 _____	\$
<b>Sub Total Week 3</b>				<b>\$</b>
<b>GRAND TOTAL (Weeks 1, 2 &amp; 3)</b>				<b>\$</b>

# JS Vacation Care Program Complying Written Agreement



Parent/Guardian Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

Period of Care: \_\_\_\_\_ to \_\_\_\_\_

## Authorisation

The Holiday Program provides children with a fun and safe holiday experience. It is created with the intention to engage children in social, emotional and physical development. It is anticipated that Holiday Program will experience an attendance up to 45 children a day. NOTE: Vacation Care Booking Forms must be returned via email OSHC@stjohns.sa.edu.au to OSHC staff who will check availability. A reminder to parents who use OSHC on a casual basis or for Vacation Care, if it has been more than 8 weeks since your child's last attendance, you will need to go into your MyGov account and reactivate your child's details with St John's OSHC. This will then allow you to receive CCS entitlements.

## Staff Ratios

The Staff to student ratios are: In-house 1:15. The ratio for excursions is 1:8. The ratio for a site with water is 1:5.

## Booking Deadline & Cancellation

Any booking received after the **booking deadline of Monday 29 March** will incur a \$5 fee per session booked. Cancellations to bookings must be made 5 full business days prior to the booked session via email. Cancellations made outside of this period will incur the usual daily fee. Please advise of any cancellations or changes to bookings via email. **Please note: Due to the evolving nature of the Coronavirus (Covid-19) pandemic, the Vacation Care Program is subject to change. We are following the advice of the Department of Health and Education and will keep families informed of any changes to the Holiday Education Program.**

## Consent

Once bookings have been confirmed, parents will be emailed consent information. Please note the consent information will include all activities listed in the Program. Please only complete the days you have booked. Consent can also be given via the form below.

*I give permission for my child/children to attend and participate in the activities outlined in the Vacation Care Program that I have chosen on the Booking Sheet. I understand that they will be travelling by private charter bus or train on excursions from the School as outlined on the Program.*

Parent Notes: \_\_\_\_\_

Authorised / Enrolling Parent's Name: \_\_\_\_\_

Relationship to the child/ren: \_\_\_\_\_

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

## Medical Information

Do we have your child/ren's updated Medical Information YES  NO

Has the child/ren any conditions, additional special needs, require special aids, dietary needs or medications YES  NO

If Yes, please give specifics and any related medications:

Family Name: \_\_\_\_\_

First name: Child 1 \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First name: Child 2 \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First name: Child 3 \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Total Charges: \$ \_\_\_\_\_

**PLEASE RETURN BOOKING FORM BY MONDAY 29 MARCH OR LATE FEES WILL BE INCURRED**