



Family Name: _____

Week 1

Day	Date	Activity	Cost (per child)	Names of Child(ren)	Total Cost
Monday	28/06/2021	Winter Around the World	\$70	1 _____ 2 _____ 3 _____	\$
Tuesday	29/06/2021	The Winter Village Ice Skating	\$70	1 _____ 2 _____ 3 _____	\$
Wednesday	30/06/2021	Nature Play SA with Uncle Tamaru	\$70	1 _____ 2 _____ 3 _____	\$
Thursday	01/07/2021	Mega Courts	\$70	1 _____ 2 _____ 3 _____	\$
Friday	02/07/2021	Cook and Create Session (Afternoon Tea)	\$70	1 _____ 2 _____ 3 _____	\$
Subtotal Week 1					\$

Week 2

Day	Date	Activity	Cost (per child)	Names of Child(ren)	Total Cost
Monday	05/07/2021	R - Year 2 In-House Project Year 3-6 Woodworking at Clarence Park Shed	\$70	1 _____ 2 _____ 3 _____	\$
Tuesday	06/07/2021	Australian Appreciation Day	\$70	1 _____ 2 _____ 3 _____	\$
Wednesday	07/07/2021	AFL Max	\$70	1 _____ 2 _____ 3 _____	\$
Thursday	08/07/2021	X-treme Inflatable Fun Run	\$70	1 _____ 2 _____ 3 _____	\$
Friday	09/07/2021	Birdwood Motor Museum	\$70	1 _____ 2 _____ 3 _____	\$
Subtotal Week 2					\$



Family Name: _____

Week 3

Day	Date	Activity	Cost (per child)	Names of Child(ren)	Total Cost
Monday	12/07/2021	Sciworld Marion Cultural Centre	\$70	1 _____ 2 _____ 3 _____	\$
Tuesday	13/07/2021	KESAB Recycle Relay	\$70	1 _____ 2 _____ 3 _____	\$
Wednesday	14/07/2021	Scoffed Cooking School	\$70	1 _____ 2 _____ 3 _____	\$
Thursday	15/07/2021	Movies (circle your preference) Space Jam a New Legacy (PG) or Spirit Untamed (G)	\$70	1 _____ 2 _____ 3 _____	\$
Friday	16/07/2021	Party Poopers Music Show	\$70	1 _____ 2 _____ 3 _____	\$
Monday	19/07/2021	Kelly Sports Mini Olympics	\$70	1 _____ 2 _____ 3 _____	\$
Subtotal Week 3					\$
GRAND TOTAL FOR WEEKS 1, 2 & 3					\$



JS Vacation Care 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 or to the 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 Tuesday 15 June** 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

I give permission for my child/children to attend and participate in the activities outlined in the St John's Grammar School Vacation Care Program that I have chosen on the Booking Sheet.

I understand that they will be travelling by private charter bus from the School as outlined on the Information Sheet.

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 TUESDAY 15 JUNE 2021 OR LATE FEES WILL BE INCURRED