

Croydon Hills Primary Vacation Care Program

Campaspe Drive, Croydon Hills, 3136 9724 4514

[***cassandra.jones@croydonhills.vic.edu.au***](mailto:oshc.croydon.hills.ps@education.vic.gov.au)

**Monday 1st April- Friday 12th April 2024**

7:00am - 6:00pm

**Fee Relief**

Fee relief is available for families in the form of Child Care Subsidy (CCS). Department of Human Services, 13 61 50.

**Dates and times**

The program will operate from 7:00am until 6:00pm, beginning on:

**Monday 1st April- Friday 12th April 2024.**

**A late fee will apply where children are not picked up prior to closing time. A fee of $15 per 10-minute block or part there of per child will be incurred by the family. After the first 10-minutes, the cycle will continue and each child will be charge $15 per 10 minute block.**

**Booking Procedures**

* No telephone bookings will be accepted.
* Completed booking forms are to be left at the Croydon Hills Primary School Office or the After School Care room. Each application will be processed in order of receipt. The coordinator will contact you and advise of places available and to priority of access
* Completed forms can also be emailed to: [***cassandra.jones@croydonhills.vic.edu.au***](mailto:oshc.croydon.hills.ps@education.vic.gov.au)
* Bookings will be made according to the priority of access regulation. Refer to policy for further information regarding this procedure.

*~PLEASE NOTE: The mobile number provided on the back door at the service should ONLY be used during excursion hours.~*

**Cancellations and Alterations**

Once the Vacation Care enrolment form has been handed in, a $5 alteration fee per child applies for any changes to your bookings up until the last day of the school term, **Thursday 28th March.**

**Please Note: As of 6pm Thursday 28th March 2024, NO refunds will be given.**

**$5 Emergency Booking Fee**

A $5 per child emergency booking fee will be charged to all bookings that are made after the 28th March 2024. Payments for additional bookings must be made prior to attending the program.

**Payments**

All bookings must be paid by **Thursday 28th March (unless you are on a schedule).** If payment is not made by this date, all bookings will be cancelled. Payments by credit card, EFTPOS and online via Kidsoft are accepted and can be made at the After School Care office. You can also pay at the school office.

**Snacks, Lunches and Drinks**

Parents are to supply nutritious lunches as well as drinks and snacks for their children. **Please note** that we cannot heat or cook children’s snacks or lunches.

**\*PLEASE NOTE\* -** PEANUT BUTTER AND NUT PRODUCTS ARE **NOT** TO BE BROUGHT INTO THIS SERVICE DUE TO SEVERAL CHILDREN ATTENDING THE SERVICE WHO ARE AT RISK OF ANAPHYLAXIS WHEN THEY COME INTO CONTACT WITH THESE FOOD PRODUCTS**.**

**General Program Guidelines**

Children must be signed in and out of the program by parent/legal guardian or authorised person over the age of 18 years of age. All children must be signed in and out of the program each day; no child is to leave the program unattended. Parents must provide a copy of any court order which relates to custody arrangements for children in care during the program. If the child has additional needs, parents are asked to provide clear and informative details so that staff can provide the best possible care for the child.

**Medication**

If a child is to receive medication during the day, parents must complete the medication instruction sheet. Medication must be in the original containers with the original labels and the child’s name and specific dosage clearly visible on the medication. If over the counter medication is required, staff must administer as per instructions on the package. If any deviation from instructions is required, a medical certificate will be required detailing dosage.

**PLEASE NOTE THAT THE PROGRAM PROVIDES NO MEDICATION OF ANY KIND.**

**Excursions**

On excursion days children must be at the centre at least **10mins** before the stated departure time. This will help us to avoid being late. **We do not wait for late arrivals.**

**Clothing**

Parents must ensure that their children have appropriate clothing and footwear for the weather.

*1st of May ~ Hats Away*

*1st September ~ Hats to Remember*

For further information please contact Cassie 9724 4514

Please leave a message and we will get back to you.

**Cassie Jones**

**VAC and OSHC Coordinator**

**9724 4514**



**Completing the Short Holiday Program Enrolment Form you are declaring that you have:**

1. Completed the full booklet enrolment form for **2024** in one of our previous programs.
2. Your child’s living arrangements have not changed.
3. You have read and understood all the terms and conditions including the booking alteration fees.
4. You have not changed any part of your home or work contact details.
5. Your child has not been diagnosed with a medical condition since previous enrolment i.e.; Asthma

*I DECLARE THAT THE ABOVE STATEMENTS ARE ALL TRUE AND THAT I UNDERSTAND AND ACCEPT THESE CONDITIONS OF ENTRY INTO THE PROGRAM.*

Name: Signature:

Date:     /      / 2024

**Child A:** Date of Birth:     /      /

**Child B:** Date of Birth:     /      /

**Child C:** Date of Birth:   /      /

Mother’s Name: Father’s Name:

Mother’s contact number: Father’s contact number:

**Please circle the correct answer below:**

\* Does your child suffer from asthma? YES NO

\* Does your child have a diagnosed disability? YES NO

\* Does your child have any allergies? YES NO

Please give details if you answered *YES* to any of the above:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Employment Status:** Full time Part time Not Working  If part time/casual please indicate days of work Mon Tues Wed Thu Fri |

**Emergency contacts and permission to collect child:**

* *Please note: ALL Emergency contacts MUST be at least 18 years of age.*

**1.** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone no. \_\_\_\_\_\_\_\_\_\_\_\_\_ R/ship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2.** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone no. \_\_\_\_\_\_\_\_\_\_\_\_\_ R/ship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3.** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone no. \_\_\_\_\_\_\_\_\_\_\_\_\_ R/ship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4.** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone no. \_\_\_\_\_\_\_\_\_\_\_\_\_ R/ship to child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Bookings** |
| The base rate for Vacation Care Program is **$63 per day**, plus the cost of the excursion/incursion. **Fees are reduced by Child Care Subsidy.**  Using the table below please indicate your child/ren’s attendance during the holiday period by placing an ‘X” in the box corresponding to the days you require.  **January 2024-** *Before CCS*   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Days** | **Cost** | **Child A** | **Child B** | **Child C** | | **Monday 1st April** | **No Program- Easter Monday** | | | | | **Tuesday 2nd April** | **$65.00** |  |  |  | | **Wednesday 3rd April** | **$71.00** |  |  |  | | **Thursday 4th April** | **$90.00** |  |  |  | | **Friday 5th April** | **$100.00** |  |  |  | | **Monday 8th April** | **$100.00** |  |  |  | | **Tuesday 9th April** | **$105.00** |  |  |  | | **Wednesday 10th April** | **$75.00** |  |  |  | | **Thursday 11th April** | **$110.00** |  |  |  | | **Friday 12h April** | **$75.00** |  |  |  | |