



TERM 1 CURRICULUM DAY BOOKING FORM FRIDAY 22nd MARCH 2024 7am – 6pm

Friday 22nd March 2024: Village Cinemas – Cost \$100 per child

Our day will begin with a crafty morning full of Easter joy, as we get ready for the Easter Bunny. Then we will be readying our baskets with an Easter-themed morning tea for the children to enjoy.

In the afternoon, we will head to Village Cinemas in Wantirna South to see *Combat Wombat 2*. A small popcorn and juice box will be provided.

Morning tea will be provided today. Breakfast and lunch is not supplied.

BOOKING PERIOD INFORMATION

Families with a Permanent Friday BSC/ASC booking	Community Families
Monday 11th March 2024	Thursday 14th March 2024

Numbers are limited due to bus capacity please book early to ensure your place.

Children must be enrolled with OSHC before making a Curriculum Day booking.

TERM 1 CURRICULUM DAY NOTICE

Child's Name	Friday 22 nd March 2024 \$100 per child	Total Cost

Contact Phone Numbers on the Day

Name: _____ Phone: _____

Name: _____ Phone: _____

Signature of Parent: _____ Date: _____

Excursion permission slips must be returned with booking for child to attend any excursions and to leave the premises to comply with legally binding regulations.

Our excursions enable children to experience and engage with the wider community (FSAC QA1 and QA6) as well as a change to their settings over the three-week period (FSAC QA3).

DATE	DESTINATION AND ADDRESS	TIMES	NUMBER OF CHILDREN	NUMBER OF EDUCATORS	EDUCATOR/CHILD RATIO
22 nd March	Village Cinemas 435 Burwood Highway, Wantirna South 3152 Travelling by bus with seatbelts Going to see Combat Wombat 2	1:00pm- 4.00pm	45-50	5	1:10

Risk Assessments are available and displayed on the OSHC notice board prior to the program.

I (the undersigned parent/guardian of the below named child/ren) agree to allow the below named child/ren to participate in the WHPS Vacation Care program & authorise the staff to take the above named child/ren on excursions. I agree to indemnify & keep indemnified & to hold Wheelers Hill Primary School, it's employees from & against all actions, costs, claims, whatsoever which the above named child/ren & I may have against them or any of them arising out of or in relation to the Vacation care Program, other than where negligence attaches to them.

In the event of illness or injury to my child whilst attending the Vacation Care program; I authorise the Co-ordinator to consent, where the Co-ordinator is unable to contact me; to my child seeking such medical treatment as may be deemed necessary by a medical practitioner.

CHILD'S NAME _____ DATE _____

PARENT'S NAME _____

PARENT'S SIGNATURE _____

PLEASE NOTE DUE TO TIME RESTRAINTS IF YOU HAVENT ARRIVED BY THE ABOVE TIMES. THE SERVICE WILL ASSUME YOU'RE NON-ATTENDANCE AND THE EXCURSION WILL LEAVE ON TIME. THANKYOU FOR YOUR UNDERSTANDING.