

WHEELERS HILL PRIMARY SCHOOL  
OUT OF SCHOOL HOURS CARE

## VACATION CARE PROGRAM July 2019

WHITES LANE, GLEN WAVERLEY 3150  
PHONE 9561-3457 MOBILE 0409-007-104  
Email: wheelershilloshc@gmail.com

### BOOKING PERIOD INFORMATION

PERMANENT WHEELERS HILL PRIMARY SCHOOL OSHC CHILDREN/FAMILIES	WHEELERS HILL PRIMARY SCHOOL CHILDREN/FAMILIES
Tuesday 11 <sup>th</sup> June 2019 FROM 7am	Monday 17 <sup>th</sup> June 2019 FROM 7am
	There is a \$20 fee for children attending from other schools. This is paid once per program.

**The closing date for bookings is Friday 21<sup>st</sup> June 2019 6pm. Bookings made after this date will only be taken if there are places available.**

Wheelers Hill Primary School Vacation Care Program offers a Quality Program for children to spend their holidays. Excursions and Activities are organised for each day by skilled and motivated Educators.

The Vacation Care Program is available to all children/families, not just those attending Wheelers Hill Primary School.

#### WHAT DOES MY CHILD NEED TO BRING?

Children must bring a nutritious lunch, drinks and several snacks each day. (Unless program specifies) The children are very active during the program and develop healthy appetites. Snacks are available for purchase. All food needing reheating or cooking **MUST** be given to staff on arrival for appropriate storage.

**Children MUST bring a Sunsmart hat at all times.** Children must wear appropriate clothing and footwear for activities.

There will be a cost of \$5.50 to purchase a Sunsmart hat for children who attend excursions without a hat.

# Vacation Care Program July 2019

First Week	M	1 <sup>st</sup> July Incursion	<u>Incursion: Bunjil's Biik</u> Start the holidays with an Indigenous smoking ceremony, hear some dreamtime stories and learn some craft. Kids Choice in the afternoon	\$70
	T	2 <sup>nd</sup> July INCURSION	<u>INCURSION: Laser Tag</u> Spend the day playing laser tag with your friends in the gym. Kids Choice in the afternoon	\$70
	W	3 <sup>rd</sup> July EXCURSION Arrival 9:00am	<u>EXCURSION: Fairytale Musical</u> Walk to Glen Waverley South Primary School for a musical fairy-tale with a modern twist. PLEASE ENSURE ARRIVAL BY 9AM Kids Choice in the afternoon	\$75
	T	4 <sup>th</sup> July EXCURSION	<u>Incursion: The Travelling Kitchen</u> Learn to use different ingredients with the Travelling Kitchen's cooking sessions. Kids Choice in the afternoon	\$70
	F	5 <sup>th</sup> July Excursion Arrival 9:00am	<u>Excursion: Village Cinemas - PJ Day</u> Join us in your pyjamas watching 'Toy Story 4' Small popcorn and Juice box provided PLEASE ENSURE ARRIVAL BY 9AM Kids Choice in the afternoon	\$75

Second Week	M	8 <sup>th</sup> July Excursion Arrival 9:00am	<u>Excursion: Village Cinemas</u> 'The Secret Life of Pets 2' Small popcorn and Juice box provided PLEASE ENSURE ARRIVAL BY 9AM Kids Choice in the afternoon	\$75
	T	9 <sup>th</sup> July EXCURSION Arrival 9:00am	<u>EXCURSION: Tunza-Fun</u> Test your skills with your friends on the various challenges of Tunza-Fun. PLEASE ENSURE ARRIVAL BY 9AM Kids Choice in the afternoon	\$75
	W	10 <sup>th</sup> July Incursion	<u>Incursion: Reptile Encounters</u> Get an up-close look at some of Australia's endangered animals with Reptile Encounters. Kids Choice in the afternoon	\$70
	T	11 <sup>th</sup> July EXCURSION Arrival 9:00am	<u>EXCURSION: Immigration Museum</u> Learn about immigration through the various exhibits of the Immigration Museum. PLEASE ENSURE ARRIVAL BY 9AM	\$75
	F	12 <sup>th</sup> July Inhouse	<u>Inhouse: Party Day</u> Celebrate the end of the holidays with games to play, craft to make and music to dance along to. You can bring a plate of food for children to share. Kids Choice in the afternoon	\$60

**WHEELERS HILL PRIMARY SCHOOL VACATION CARE  
Registration Form 1<sup>st</sup> July to 12<sup>th</sup> July 2019**

Name of Child ..... Male/Female Date of Birth .....

Name of Child ..... Male/Female Date of Birth .....

Name of Child ..... Male/Female Date of Birth .....

School Child Attends .....

Mother / Guardian Name.....

Phone No (Home) ..... (Business) ..... (Mobile) .....

Father / Guardian Name.....

Phone No (Home) ..... (Business) ..... (Mobile) .....

Are there any special custody arrangements?  Yes  No

If Yes please give details .....

**IF A COURT ORDER EXISTS THIS INFORMATION MUST BE PROVIDED TO THE COORDINATOR**

Emergency Contact (other than parent / guardian)

Name ..... Phone .....

Name ..... Phone .....

Family Doctor ..... Phone No .....

Medicare Number ..... Do you subscribe to an Ambulance Service?  Yes  No

Any relevant health problems? (Eg asthma, epilepsy) .....

Is your child allergic to any of the following? (Please circle) **Penicillin Beestings Aspirin**  
**Food**..... **Other**.....

Please indicate if your child has a disability, developmental delay or other special need.

.....  
IF YES, PLEASE SPEAK TO THE CO-ORDINATOR FOR OUR INDUCTION PROCEDURES BEFORE MAKING A BOOKING.

**PLEASE ANSWER THE FOLLOWING QUESTIONS**

Do we have your permission to assist your child in applying sunscreen to exposed areas?  
 Yes  No

**PLEASE NOTIFY CO-ORDINATOR IF YOUR CHILD HAS AN ALLERGY TO SUNSCREEN.**

Do you give permission for photos of your child to be only used for planning and displays within our program during Vacation Care?  Yes  No

## NOTICE TO PARENTS

- Hours of Operation 7am - 6pm each day
- Late fees of \$1 per minute will be charged for all children at the program after 6pm. Program must be notified if you are aware that you will be late.
- The advertised program is flexible and may change due to unforeseen circumstances.
- Buses for excursions will leave on time. Please arrive 15 minutes before departure time.
- The service reserves the right to suspend a child who continually exhibits unacceptable behaviour as per our "Termination of Enrolment" Policy.
- The Vacation Care program will not be responsible for loss or damage of expensive toys brought to the program

## LEAVING AND COLLECTING CHILDREN

- Parents/guardians must sign children IN and OUT of the program each day.
- If any other person is to collect a child, the parent must inform the Co-ordinator in writing.
- In the event of an emergency-preventing pick-up by 6pm, the co-ordinator must be contacted on 0409 007 104. Penalty payments will still apply.

## BOOKING PROCEDURES

- Complete the enrolment form attached. (Separate forms for each child)
- Completed forms **MUST** be given to the O.S.H.C. staff. Forms handed to school office will be returned to the family. Invoices will be sent/emailed out once the program starts with payments due by end of the program.
- **Priority booking will initially be open to permanent families. Bookings for the School Community will open the following week.**
- Bookings will not be accepted by phone; however, can be directly emailed to the OSHC program: [wheelershilloshc@gmail.com](mailto:wheelershilloshc@gmail.com)
- Program places are limited to 50 children per day on excursion days.
- Bookings can be made during the program if vacancies exist.
- Refunds will not be available for cancellations, unless in the case of illness, upon receipt of a medical certificate.
- All enrolments will be accepted under Department of Family & Community Services priority of places outlined. For more details, please see the coordinator.

## INFORMATION PRIVACY

All personal information collected by this service will remain confidential at all times and will only be used for program provision requirement.

## BOOKING FORM

Please tick the days you wish to book.

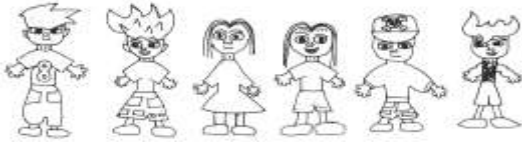
### WEEK 1

Monday	1 <sup>st</sup>	Tuesday	2 <sup>nd</sup>	Wednesday	3 <sup>rd</sup>	Thursday	4 <sup>th</sup>	Friday	5 <sup>th</sup>
\$70		\$70		\$75		\$70		\$75	

### WEEK 2

Monday	8 <sup>th</sup>	Tuesday	9 <sup>th</sup>	Wednesday	10 <sup>th</sup>	Thursday	11 <sup>th</sup>	Friday	12 <sup>th</sup>
\$75		\$75		\$70		\$75		\$60	

Child Care is needed for parent - Work/Training commitments  or Recreation reasons



**WHEELERS HILL PRIMARY SCHOOL  
OUT OF SCHOOL HOURS CARE**

**VACATION CARE  
EXCURSION  
PERMISSION SLIP**

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 a two-week period (FSAC QA3).

DATE	DESTINATION AND ADDRESS	TIMES	NUMBER OF CHILDREN	NUMBER OF EDUCATORS	EDUCATOR/CHILD RATIO
3 <sup>rd</sup> July	Glen Waverly South PS Whites Lane, Glen Waverley 3150 Walking to destination To engage in a different kind of drama	9am-12:30pm	45-50	7	1:8
5 <sup>th</sup> July	Village Cinemas 435 Burwood Hwy, Wantirna South 3152 Travelling by bus with seatbelts To watch 'Toy Story 4'	9am-12:15pm	45-50	6	1:10
8 <sup>th</sup> July	Village Cinemas 435 Burwood Hwy, Wantirna South 3152 Travelling by bus with seatbelts To watch 'The Secret Life of Pets 2'	9am-12:15pm	45-50	6	1:10
9 <sup>th</sup> July	Tunza-Fun 425 Burwood Hwy, Wantirna South 3152 Travelling by bus with seatbelts To challenge the children on heights and skills	9am-1pm	45-50	7	1:8
11 <sup>th</sup> July	Immigration Museum 400 Flinders St, Melbourne VIC 3000 Travelling by bus with seatbelts To learn about immigration and connections to our current families.	9am-1pm	45-50	7	1:8

**Risk Assessments are available and displayed on the OSHC notice board.**

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.