



WHEELERS HILL PRIMARY SCHOOL
OUT OF SCHOOL HOURS CARE

VACATION CARE
CHRISTMAS PROGRAM
BOOKING FORM
Monday 23rd December
7am - 6pm
Tuesday 24th December
7am - 4pm sharp

Monday 23rd December

We are going to see the new "Playmobil" Movie in the morning

Make sure to dress up in your Christmas clothes or colours

The afternoon will be spent making a special Christmas house to take home and Christmas decorations

Tuesday 24th December

We will prepare for Santa's arrival and make a special plate and cookies to leave out and some special reindeer food so the reindeer have enough energy to fly the whole world in one night

Lots of fun activities and some relaxed time watching Christmas movies

Please ensure your child is collected by 4pm to allow all educators to get home to their families

Please supply enough food for the whole day including morning tea, afternoon tea and lunch. Breakfast is not supplied.

If your child is not registered with OSHC you will need to collect and complete an enrolment form before your child can attend.

Christmas Program Booking Form

Child's Name	Monday 23 rd Movie Day \$75	Tuesday 24 th Santa Day \$60	Total Cost

Contact Phone Numbers on the Days

Name: _____ Phone: _____

Name: _____ Phone: _____

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 (FSAC QA3).

DATE	DESTINATION AND ADDRESS	TIMES	NUMBER OF CHILDREN	NUMBER OF EDUCATORS	EDUCATOR/CHILD RATIO
23 rd Dec	Village Cinemas 435 Burwood Hwy, Wantirna South 3152 Travelling by bus with seatbelts Christmas fun day excursion	9am-12:30pm	20-30	2/3	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.