



Family Name: \_\_\_\_\_

## Week 1

Day	Date	Activity	Cost (per child)	Names of Child(ren)	Total Cost
Monday	15/04/2019	Magic Mike	\$112	1 _____ 2 _____ 3 _____	\$
Tuesday	16/04/2019	Gardening Day with Jackson Shaw	\$112	1 _____ 2 _____ 3 _____	\$
Wednesday	17/04/2019	The Farm Barn	\$112	1 _____ 2 _____ 3 _____	\$
Thursday	18/04/2019	Grasshopper Soccer	\$112	1 _____ 2 _____ 3 _____	\$
Friday	19/04/2018	Good Friday Public Holiday	N/A		-
Subtotal Week 1					\$

## Week 2

Day	Date	Activity	Cost (per child)	Names of Child(ren)	Total Cost
Monday	22/04/2019	Easter Monday Public Holiday	N/A		-
Tuesday	23/04/2019	The Jungle Book Sand Sculptures	\$112	1 _____ 2 _____ 3 _____	\$
Wednesday	24/04/2019	ASO Orchestra Fantastica with Elizabeth McCall	\$112	1 _____ 2 _____ 3 _____	\$
Thursday	25/04/2019	ANZAC Day Public Holiday	N/A		-
Friday	26/04/2018	Cinderella	\$112	1 _____ 2 _____ 3 _____	\$
Monday	29/04/2019	Story Time	\$112	1 _____ 2 _____ 3 _____	\$
Subtotal Week 2					\$
GRAND TOTAL FOR WEEKS 1 & 2					\$

# ELC Vacation Care Complying Written Agreement



Parent/Guardian Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

Period of Care: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

## Authorisation

The Vacation Care Program is offered to provide children with fun and safe holiday experience. It is created with the intention to engage children in social, emotional and physical development. It is anticipated that Vacation Care will experience an attendance between 40-50 children a day. NOTE: Vacation Care forms must be returned to 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 your CCS entitlements.

## Staff Ratios

The Staff to student ratios are: In-house 1:10. The ratio for excursions is 1:5. The ratio for a site with water is 1:3

## Cancellation

Cancellations to bookings must be made 5 full business days prior to the booked session. Cancellations made outside of this period will incur the usual daily fee. Please advise of any cancellations or changes to bookings via email.

## 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 or train on excursions 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 FRIDAY 5 APRIL 2019**