

Family Name: _____

Day	Activity	Cost (per child)	Names of Child(ren)	Total Cost
Wednesday 13 Dec	Movies at Mitcham Trolls Band Together	\$80	1 _____ 2 _____ 3 _____	\$ _____
Thursday 14 Dec	The Big Wedgie	\$80	1 _____ 2 _____ 3 _____	\$ _____
Friday 15 Dec	A Very Merry Christmas Show	\$80	1 _____ 2 _____ 3 _____	\$ _____
Monday 18 Dec	Christmas Craft Day	\$80	1 _____ 2 _____ 3 _____	\$ _____
Tuesday 19 Dec	Annual Christmas Beach Picnic	\$80	1 _____ 2 _____ 3 _____	\$ _____
TOTAL				\$ _____



Parent/Guardian Name: _____ Mobile: _____

Period of Care: _____ to _____

Authorisation

The Vacation Care Program provides children with a 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 of 45+ children a day. NOTE: Vacation Care Booking Forms must be returned to the OSHC staff via email OSHC@stjohns.sa.edu.au, 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 CCS entitlements.

If your child is unwell, or showing any symptoms of COVID-19, please keep them home until symptoms have cleared.

Staff Ratios

The Staff to student ratios are: In-house 1:15. The ratio for excursions is 1:8. The ratio for a site with water is 1:5.

Booking Deadline & Cancellation

Any booking received after the **booking deadline of COB Friday 1 December 2023** will incur a \$10 fee per session booked. Cancellations to bookings must be made **5 full business days** prior to the booked session via email. Cancellations made outside of this period will incur the usual daily fee. Please advise of any cancellations or changes to bookings via email.

Consent

Once bookings have been confirmed, parents will be emailed consent information from *Consent2Go*. You will receive **ALL** programmed activities, however you only need to respond with your consent for the activities you have booked.

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: _____

First name: Child 4 _____ Date of Birth: _____

Total Charges: \$_____

Signature _____ Date: _____