

JUNIOR SCHOOL VACATION CARE INFORMATION

JANUARY 2026



Authorisation

The Vacation Care Program is offered to provide children a 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 of between 40-60 children.

Bookings, Fees & Cancellations

The daily charge for the Junior School's Vacation Care Program is \$94. **Bookings are required by COB Monday 15 December 2025.** If bookings are received after this date, a late fee of \$10 will be applied per session booked. Places are limited for certain activities – please book early to avoid disappointment. Cancellations to bookings must be made **5 full business days** prior to the booked session via email OSHC@stjohns.sa.edu.au. Cancellations made outside of this period will incur the usual daily fee. **No cancellations can be made during the OSHC closure period from COB Friday 19 December to Monday 5 January.**

Please advise of any cancellations or changes to bookings via email at OSHC@stjohns.sa.edu.au. **If your child is unwell, or showing any symptoms of COVID-19, please keep them home until symptoms have cleared.**

Consent

In addition to completing the booking sheet, consent for attending and participating in the Vacation Care activities will be emailed to all families via the School's excursion management platform, *Consent2Go*. This platform assists the School in identifying all applicable risks associated with the Vacation Care's activities to ensure students are kept safe. The consent will send ALL daily excursions and incursions of the Vacation Care. **Please note that ALL the activities will be included in the *Consent2Go* Platform and families only need to consent to the days/activities they have booked.** This allows consent to be given for any extra bookings that are made at a later date once confirmed with OSHC administration.

Ratios

Staff to student ratios are as follows: in-house 1:15, excursions 1:8, site with water 1:5.

Hours

The Centre is open between 7.30am and 6pm. On excursion days please be sure to arrive half an hour prior to the scheduled departure time outlined on the program. If you haven't arrived by the time we are leaving, we will assume that your child/ren are absent. It is the responsibility of the parents to sign children 'IN' and 'OUT' on the daily electronic kiosk.

Food

Please pack recess and lunch each day. Don't forget to provide a water bottle every day. On excursion days please provide recess and lunch in separate disposable bags. Clearly label all containers and bags with your child/ren's names. Please note that we are an Allergy Aware Service.

Learning to Soar

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Other

Please dress your child in clothing appropriate to the activity on the day. Hats are required once the UV index reaches above 3. Please ensure your child has personal sunscreen if required. Rash vests are required for swimming activities.

Catastrophic and Extreme Fire Danger Days

On days of Catastrophic Fire Danger in the Mount Lofty Ranges District, **all School Campuses will be closed**. An SMS notification will be sent to all families by the Principal, or his delegate, the evening before.

On **Extreme Fire Danger Days**, the ELC Holiday Program will be **CLOSED**. An SMS will be sent to inform families at the ELC.

If you have any questions regarding the program, please contact Alison Tregoning or Sherryn Pillans at oshc@stjohns.sa.edu.au or via mobile 0433 987 857.

Week 1

Day	Activity	
Monday 5 January		Magic Monday In House Activities
Tuesday 6 January		Cross Road Bowl Bus departs 10am Returns 12.15pm
Wednesday 7 January		Visit Belair CFS Walking, departs 9.15am Returns 11am
Thursday 8 January		Movies: SpongeBob or Grand Prix of Europe Bus departs 9.30am Returns 12.15pm
Friday 9 January		Beat the Bucket & Slushie Machine In House Activity Starts 10.30am

Week 2

Day	Activity	
Monday 12 January		SAPOL Bike Ed West Beach Parks Bus departs 9.15am Returns 12.45pm
Tuesday 13 January		Agent FYI In House Activity Starts 10am
Wednesday 14 January		Inflatable Zone Bus departs 10am Returns 12.45pm
Thursday 15 January		Laughter Yoga with David Cronin In House Activity Starts 10.30am
Friday 16 January		Bunnings Workshop In House Activity Starts 11am

Week 3

Day	Activity	
Monday 19 January		Unley Swimming Pool Bus departs 10.30am Returns 2.30pm
Tuesday 20 January		Games Table In House Activity Starts 10am
Wednesday 21 January		Nitro Nat The Parks Theatre Bus departs 9am Returns 11.45am
Thursday 22 January		Adelaide Youth Theatre: Moana Futures Theatre Bus departs 9am Returns 12.30pm
Friday 23 January		Wheels Day Bring Your Bike In House Activity

Bookings due by Monday 15 December

MTOP Outcome 2

Children are connected and contribute to their world.

MTOP Outcome 3

Children have a strong sense of wellbeing.

Week 4 Pupil Free Day

Day	Activity	
Monday 26 January	AUSTRALIA DAY PUBLIC HOLIDAY	
Tuesday 27 January		Unley Swimming Pool Bus departs 10.30am Returns 2.30pm



Family Name: _____

Day	Activity	Cost (per child)	Names of Child(ren)	Total Cost
Monday 5 January	Magic Monday	\$94	1 _____ 2 _____ 3 _____	\$
Tuesday 6 January	Cross Road Bowl	\$94	1 _____ 2 _____ 3 _____	\$
Wednesday 7 January	Visit Belair CFS	\$94	1 _____ 2 _____ 3 _____	\$
Thursday 8 January	Movies: Sponge Bob OR Grand Prix of Europe <i>(please circle movie choice)</i>	\$94	1 _____ 2 _____ 3 _____	\$
Friday 9 January	Beat The Bucket & Slushie Machine	\$94	1 _____ 2 _____ 3 _____	\$
TOTAL WEEK 1				\$

Day	Activity	Cost (per child)	Names of Child(ren)	Total Cost
Monday 12 January	SAPOL Bike Ed	\$94	1 _____ 2 _____ 3 _____	\$
Tuesday 13 January	Agent FYI	\$94	1 _____ 2 _____ 3 _____	\$
Wednesday 14 January	Inflatable Zone	\$94	1 _____ 2 _____ 3 _____	\$
Thursday 15 January	Laughter Yoga with David Cronin	\$94	1 _____ 2 _____ 3 _____	\$
Friday 16 January	Bunnings Workshop	\$94	1 _____ 2 _____ 3 _____	\$
TOTAL WEEK 2				\$

Family Name: _____

Day	Activity	Cost (per child)	Names of Child(ren)	Total Cost
Monday 19 January	Unley Swimming Pool	\$94	1 _____ 2 _____ 3 _____	\$
Tuesday 20 January	Games Table	\$94	1 _____ 2 _____ 3 _____	\$
Wednesday 21 January	Nitro Nat	\$94	1 _____ 2 _____ 3 _____	\$
Thursday 22 January	Adelaide Youth Theatre: Moana	\$94	1 _____ 2 _____ 3 _____	\$
Friday 23 January	Wheels Day Bring Your Bike	\$94	1 _____ 2 _____ 3 _____	\$
TOTAL WEEK 3				\$

Monday 26 January	PUBLIC HOLIDAY			
Tuesday 27 January	Unley Swimming Pool	\$94	1 _____ 2 _____ 3 _____	\$
TOTAL WEEK 4				\$
GRAND TOTAL WEEKS 1-4				\$



Parent/Guardian Name: _____ Mobile: _____

Period of Care: _____ to _____

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NOTE: Vacation Care Booking Forms must be returned via email **OSHC@stjohns.sa.edu.au** or to the 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 CCS entitlements.

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 Monday 15 December 2025** 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.

No cancellations can be made during the OSHC closure period from COB Friday 19 December to Monday 5 January.

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: _____