

Vacation Care Consenting Written Agreement



PLEASE BOOK CAREFULLY AS DAYS BOOKED CANNOT BE CANCELLED



Booking Form January Week 1 2025

SURNAME:

| Monday 6th 7:00-6:15pm PJ Party & Pizza Fest Bronze Day (\$68) | Tuesday 7th 7:00-6:15pm OSHC'S GOT TALENT Bronze Day (\$68) | Wednesday 8th 7:00-6:15pm Wilbur Wildlife Silver Day (\$79.50) Consent Form <input type="checkbox"/> | Thursday 9th 7:00-6:15pm Strike & Swing Gold Day (\$90.50) Consent Form <input type="checkbox"/> | Friday 10th 7:00-6:15pm Shine Bright! Bronze Day (\$68) |
|--|---|--|---|---|
| Name | Name | Name | Name | Name |
| Lunch (Dominos Pizza) | Lunch (Roll- Choose fillings) | Lunch (Sausage Sizzle) | Lunch (Wrap- Choose fillings) | Lunch (Sandwich- Choose fillings) |
| Name | Name | Name | Name | Name |
| Lunch | Lunch | Lunch | Lunch | Lunch |
| Name | Name | Name | Name | Name |
| Lunch | Lunch | Lunch | Lunch | Lunch |
| Name | Name | Name | Name | Name |
| Lunch | Lunch | Lunch | Lunch | Lunch |

Please ensure that you write down what your child's lunch selection is on the booking form. If an option is not selected, then the main meal of the day will be automatically selected.

Lunch: Alternative to the specified daily lunch is a choice of a sandwich.

Children may choose from chicken, tuna, ham, roast beef, cheese, turkey, vegemite and or tomato, cucumber, lettuce.

Vacation Care Consenting Written Agreement

Consent Forms- January Week 1

Parent/Guardian Consent **Wilbur Wildlife** (Incursion Activity)

As a parent/guardian to _____ I give my consent for him/her/them to participate in:

The incursion activity with **Wilbur Wildlife** on **Wednesday January 8th, 2025**. I understand Wilbur Wildlife will be visiting OSHC with different animals for children to meet and touch. I have read the details for the excursion on the program.

Signed _____

Date _____

Parent/Guardian Consent **Elizabeth Bowland** (Excursion Activity)

As a parent/guardian to _____ I give my consent for him/her/them to participate in:

The visit to **Elizabeth Bowland** excursion on **Thursday 9th January 2025**. I understand children will be travelling on the excursion by private bus. The bus will depart OSHC at 9:00am and arrive at Elizabeth Bowland at approximately 9:40am. The bus will depart Elizabeth Bowland at 12:00pm and arrive back at OSHC at approximately 12.45pm. I have read the details for the excursion on the program.

Signed _____

Date _____

Vacation Care Consenting Written Agreement

Booking Form January Week 2 2025

SURNAME:

| Monday 13th 7:00-6:15pm Lets Get Messy Bronze Day (\$68) | Tuesday 14th 7:00-6:15pm Circus Chaos Day Silver Day (\$79.50) Consent Form <input type="checkbox"/> | Wednesday 15th 7:00-6:15pm Adelaide Gaol Gold Day (\$90.50) Consent Form <input type="checkbox"/> | Thursday 16th 7:00-6:15pm Paint, Sip and Chips Silver Day (\$79.50) | Friday 17th 7:00-6:15pm Spaghetti & Swinging Gold Day (\$90.50) Consent Form <input type="checkbox"/> |
|--|--|--|--|--|
| Name | Name | Name | Name | Name |
| Lunch <small>(Sandwich- Choose fillings)</small> | Lunch <small>(Sausage Sizzle)</small> | Lunch <small>(Wrap- Choose fillings)</small> | Lunch <small>(Roll- Choose fillings)</small> | Lunch <small>(Fasta Pasta Menu- See Below)</small> |
| Name | Name | Name | Name | Name |
| Lunch | Lunch | Lunch | Lunch | Lunch |
| Name | Name | Name | Name | Name |
| Lunch | Lunch | Lunch | Lunch | Lunch |
| Name | Name | Name | Name | Name |
| Lunch | Lunch | Lunch | Lunch | Lunch |

Please ensure that you write down what your child's lunch selection is on the booking form. If an option is not selected, then the main meal of the day will be automatically selected.

Lunch: Alternative to the specified daily lunch is a choice of a sandwich.

Children may choose from chicken, tuna, ham, roast beef, cheese, turkey, vegemite and or tomato, cucumber, lettuce.

Fasta Pasta Menu:

KIDS MEALS

All kids meals come with a small drink & gelato.

HAM & CHEESE PIZZA
tomato base, ham & cheese

HAM & PINEAPPLE PIZZA
tomato base, ham, pineapple & cheese

CHEESE PIZZA
tomato base, & cheese

SPAGHETTI BOLOGNESE
spaghetti tossed in meat & tomato sauce

PENNE CHEESE
pasta tubes tossed in cheese & cream sauce

LASAGNE
oven baked beef lasagne topped with Bolognese & mozzarella

ADD A SIDE SALAD + \$2 * Lettuce, cucumber, tomato. Choice of balsamic or caesar dressing.

FISH & CHIPS
battered fillet of fish & chips with tomato sauce

GRILLED CHICKEN & MASH
grilled chicken breast served with creamy mashed potato

CHICKEN & CHIPS
crumbed chicken tenderloins and chips with tomato sauce

Salad can be substituted for chips.

GF Gluten Free DF Dairy Free

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Consent Forms- January Week 2

Parent/Guardian Consent **Circus Chaos Day** (Incursion Activity)

As a parent/guardian to _____ I give my consent for him/her/them to participate in:

Circus Chaos Day on **Tuesday the 14th of January 2025**. I understand that children will be participating in getting their face painted and crazy hair using gel and different coloured hairsprays. I acknowledge that my children do not have any skin conditions that may be affected by the face paints. I have read the details for the circus chaos day on the program. **Please tick below if you allow for your child/ren to participate in the following:**

- Face painting
- Crazy Hair

Signed _____ Date _____

Parent/Guardian Consent **Old Adelaide Gaol** (Excursion Activity)

As a parent/guardian to _____ I give my consent for him/her/them to participate in:

The visit to **The Adelaide Gaol** on **Wednesday the 15th of January**. I understand the children will be travelling on the excursion by private bus. The children will need to be at OSHC by 9am. The bus will depart OSHC at 9:20am and arrive at The Adelaide Gaol at approximately 10:10am. The children will be taken on a tour around Adelaide Gaol. The bus will depart The Adelaide Gaol at 1:40pm and arrive back to OSHC at approximately 2:20pm. I have read the details for the excursion on the program.

Signed _____ Date _____

Parent/Guardian Consent **Spaghetti & Swinging** (Excursion Activity)

As a parent/guardian to _____ I give my consent for him/her/them to participate in:

The visit to **Golden Fields Playground** on **Friday the 17th of January**. I understand the children will be travelling on the excursion by private bus. The children will need to be at OSHC by 8.15am. The bus will depart OSHC at 8:30am and arrive at The Golden Fields playground at approximately 8:45am. The children will play on the playground and then travel to Fasta Pasta at Golden Grove for lunch and a gelato. The bus will depart Fasta Pasta at 1:00pm and arrive back to OSHC at approximately 1:20pm. I have read the details for the excursion on the program.

Signed _____ Date _____

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Booking Form January Week 3 2025

SURNAME:

| Monday 20th 7:00-6:15pm Mufasa Gold Day (\$90.50) Consent Form <input type="checkbox"/> | Tuesday 21st 7:00-6:15pm Mario Kart Party Day Bronze Day (\$68) Consent Form <input type="checkbox"/> | Wednesday 22nd 7:00-6:15pm Monarto Zoo Gold Day (\$90.50) Consent Form <input type="checkbox"/> | Thursday 23rd 7:00-6:15pm Scientific Bubble Show Silver Day (\$79.50) Consent Form <input type="checkbox"/> | Friday 24th 7:00-6:15pm We are one but we are many Bronze Day (\$68) |
|--|--|--|--|--|
| Name | Name | Name | Name | Name |
| Lunch <small>(Sandwich- Choose fillings)</small> | Lunch <small>(Roll- Choose fillings)</small> | Lunch <small>(Rhino pack- see below)</small> | Lunch <small>(Wrap- Choose fillings)</small> | Lunch <small>(Sausage Sizzle)</small> |
| Name | Name | Name | Name | Name |
| Lunch | Lunch | Lunch | Lunch | Lunch |
| Name | Name | Name | Name | Name |
| Lunch | Lunch | Lunch | Lunch | Lunch |
| Name | Name | Name | Name | Name |
| Lunch | Lunch | Lunch | Lunch | Lunch |

Please ensure that you write down what your child's lunch selection is on the booking form. If an option is not selected, then the main meal of the day will be automatically selected.

Lunch: Alternative to the specified daily lunch is a choice of a sandwich.

Children may choose from chicken, tuna, ham, roast beef, cheese, turkey, vegemite and or tomato, cucumber, lettuce.

Monarto Zoo Rhino Pack:

- Ham, Cheese & Salad Wrap
- Chicken & Salad Wrap
- Chicken nuggets and chips

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Consent Forms- January Week 3

Parent/Guardian Consent **Mufasa (Excursion Activity)**

As a parent/guardian to _____ I give my consent for him/her/them to participate in:

The visit to the **Semaphore Odeon star Cinema** on **Monday the 20th of January 2025** to watch Mufasa (PG). I understand children will be travelling on the excursion by private bus. The bus will depart OSHC at 9am and arrive at the Odeon Star Cinema at approximately 9.50am. The children will be having recess (popcorn/chips and water) supplied by the cinema during the movie. Lunch will be supplied by OSHC upon return from the excursion. The bus will depart from the Odeon Star Cinema at 12:15pm and arrive back at OSHC at approximately 1pm. I have read the details for the excursion on the program. Please tick what your child/ren would prefer at the cinemas:

- Popcorn
- Smith's Chips

Signed _____ Date _____

Parent/Guardian Consent **Mario Kart Party Day (At Home Day)**

As a parent/guardian to _____ I give my consent for him/her/them to participate in:

The **Mario Kart Party Day** on **Tuesday the 21st of January 2025**. I understand that children will be using electronic devices. I understand children are responsible for their own electronic devices. Children are not to bring mobile phones and chargers and are to come to OSHC with a fully charged device. I have read the details for the excursion on the program.

Signed _____ Date _____

Parent/Guardian Consent **Monarto Zoo (Excursion Activity)**

As a parent/guardian to _____ I give my consent for him/her/them to participate in:

The visit to **Monarto Zoo** on **Wednesday the 22nd January 2025**. I understand children will be travelling on the excursion by private bus. The bus will depart OSHC at 8:30am and arrive at the Monarto Zoo at approximately 10:00am. The children will be having recess supplied by OSHC at Monarto Zoo. The children will be having lunch supplied by Monarto while we are on the excursion. The bus will depart Monarto Zoo at 2pm and arrive back to OSHC at approximately 3:15pm. I have read the details for the excursion on the program.

Signed _____ Date _____

Parent/Guardian Consent **Scientific Bubble Show (Incursion Activity)**

As a parent/guardian to _____ I give my consent for him/her/them to participate in:

In the Scientific Bubble Show on **Thursday the 23rd of January 2025** by Marty McBubble from Bright Spark Entertainment. I understand that children will be participating in the performance. I have read the details for the Magic show performance on the program.

Signed _____ Date _____

Vacation Care Consenting Written Agreement

PLEASE REMEMBER YOUR CHILD NEEDS TO WEAR ENCLOSED FOOTWEAR, BRING A DRINK BOTTLE AND HAT

Staff supervising excursions will use the MEDICAL and EMERGENCY CONTACT INFORMATION you have already provided to the Vacation Care Program. **In the interests of accuracy please ensure that any relevant updates have been provided to OSHC.** Staff on the excursion are responsible for the management of basic first aid. Please contact the Director or Assistant Director as soon as possible if you think your child may need additional health care support. Sufficient time is needed to arrange extra assistance.

Please note that planned excursions may be cancelled prior if deemed unsafe for the children and staff, such as extreme weather conditions.

Agreement

- I agree to delegate my authority to excursion staff. Excursion staff may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of students/children as a group and individually.
- In the event of any serious misbehavior on the part of my child, I understand that I will be contacted and will be responsible for any costs associated with my child's return.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the staff member in charge to arrange whatever medical or surgical treatment a registered practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.
- In the event of an accident or illness I consent to my child being transported to a hospital/medical/dental clinic by an excursion staff member in a school/private car or by ambulance if deemed necessary by staff.
- I have provided all the information necessary for the school to plan safe and reasonable health care support my child. This includes, if relevant, information about any activity modifications my child may require for medical reasons.
- I consent to my child's doctor or medical specialist being contacted by medical personnel in an emergency.
- I agree that the information that has been given is up to date and accurate.
- I consent to my child viewing the programmed movies which can include PG rated movies.
- I understand that the ratio of educators to children is 1:8 when on excursions.
- **I understand if I change my mind about the lunch option, I have pre-selected for my child I will be charged an additional \$4 for an alternative to be given.**

Signed _____

Date _____