



Our Lady Queen of Peace School
106 Botting Street
Albert Park 5014
P: 8345 4036
(During school hours)
OSHC Mobile 0417 840 700
Email: jfahey@olqp.catholic.edu.au
OSHC Entry VIA Selth Street

ALL BOOKING SHEETS TO JO BY FRIDAY 5 APRIL PLEASE

Holiday Care Program

April 2019

Operating Hours

Monday- Friday 7:00 am – 6:00 pm

Holiday Care Dates

Monday 15 April – Wednesday 24 April

The Centre will be closed on 19, 22, 25 & 26 of April

Holiday Care Fee

Incursion Holiday Care Day \$55.00

Excursion Holiday Care Day \$60.00

CCS Reductions apply to those who are eligible and who have registered with Centrelink

Cancellation of Bookings

Cancellation is required 2 days prior to attendance.

Full payment of fees may be required if cancellations are not made 2 working days prior to booking. No refunds for cancellation of excursion days.

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Holiday Care Information

HATS AND CLOTHING

- Sun safe hats are standard items which you need to provide each day your child attends the Holiday Care Program. A sun safe hat is compulsory from September to April and on ALL excursions. A NO HAT, NO PLAY policy applies. Every child that attends Holiday care on an excursion day will be required to have a red hat. This can be a red school hat or you can purchase a hat from the service for \$10.00. This is a once off purchase unless lost or damaged. **If your child does not arrive on an excursion day with a red hat they will be provided with one and the cost of \$10.00 will be added to your account.**
- Please ensure your child is wearing appropriate clothing according to weather forecasts and the daily activities planned. **No thongs or string shoulder straps.** Please be sun safe. Enclosed footwear is preferable, as physical activity is planned regularly each day
- If water play is prearranged please ensure children have named bathers, towel, rash vest or t-shirt to cover shoulders. Also include a change of named clothes and a plastic bag.

CHILDREN MUST BRING

- Recess, lunch(unless stated that lunch is provided) and a refillable drink bottle
- If your child has a diagnosed medical condition requiring medication, you must pack the medication and ensure that OSHC Staff have seen an action plan (Asthma or Anaphylaxis) or that you have a letter from your GP stating the required medication, dosage, time and frequency. OSHC Staff will ask you to complete a 'Medication Data Sheet'.

PLEASE BE AWARE

- Children enrolled at this service have been diagnosed as being at risk of Anaphylaxis. Therefore, it is expected that your child will attend the service with foods free from nut products (e.g. peanut butter, Nutella).
- Please encourage your child to keep all electronic devices at home unless stated on the program. Our Staff encourage all children to socialise with one another; electronic devices may limit their interactions with other children.

OPERATING HOURS AND COLLECTION

- Our hours of operation are 7:00am to 6:00pm. If you collect your child after 6:00pm, you will be charged a late fee of \$1.00 per minute.
- Children must be accompanied by an adult to be signed in each morning.
- At the end of your child's session, you are required to sign your child out. If an unauthorised person is collecting your child, you must inform OSHC staff that this is occurring, so that identification can be requested.






ADMINISTRATION, FEES & CCS

- Families using our services for the first time will need to complete an OSHC enrolment form; this is in addition to the Holiday Care enrolment form.
- If you need to contact your child at any point during the day, please call the OSHC mobile (0417840700).
- Holiday Care invoices will be issued at the end of Holiday care; payments need to be finalised within 7 days or negotiated with Jo or Maureen at the front office.
- A Risk Assessment for excursions and relevant incursions is available on request.
- Limited spaces may be available for preschool children.
- You can apply for your childcare subsidy by entering the mygov website and creating an account. Follow the prompts and enter your details as required. Once approved your subsidy will be deducted from your Child Care Fees.
- If you have not used OSHC in the last 8 weeks you will be required to enter your mygov account and confirm you booking to release your CCS payment.
- **Care may be cancelled due to insufficient bookings**

Our Lady Queen of Peace Holiday Care

April 2019

All bookings and enquires please phone 0417840700 or email: jfahey@olqp.catholic.edu.au







Monday 15 April	Tuesday 16 April	Wednesday 17 April	Thursday 18 April	Friday 19 April
Games 2 U Da Excursion	Sensory Day	Brain Benders Day Incursion	MFS Visit Excursion	Good Friday Centre Closed
<p>We will be going to Semaphore Dominican for a day of Games 2 U fun 10:00am - 12:00pm</p> 	 <p>It could get messy! Come and join in our Sensory day fun</p>	<p>A 30 minute illusions science show & 1 hour illusions hands-on workshop including a brain tingling illusion discs activity</p> 	 <p>We are going to visit the MFS Headquarters in Wakefield St</p>	
<p>We depart by bus at 9:30am Return at approx. 2:00pm</p>			<p>We depart by bus at 9:45am Return at approx. 1:00pm</p>	
<p>Lunch Bring recess and lunch from home.</p>	<p>Lunch Bring recess and lunch from home.</p>	<p>Lunch Bring recess and lunch from home.</p>	<p>Lunch Bring recess and lunch from home.</p>	

Please ensure your child has a **sun safe hat** and a **refillable drink bottle** every day.

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Monday 22 April	Tuesday 23 April	Wednesday 24 April	Thursday 25 April	Friday 26 April
Easter Monday Centre Closed	Paul's Cartoons Incursion	Wheels Day & Electronics	ANZAC day Centre Closed	Centre Closed
	 Semaphore Dominican are joining us for a Cartoon Workshop 9:00am – 12:00am	Bring your bike, skateboard or scooter! Closed in shoes and Helmets are a MUST. 		
		Electronics allowed No sharing iPads or wheels etc. Strictly G or PG Only		
	Lunch Bring recess and lunch from home.	Bring your own Recess Lunch supplied Hot Dogs 		

Please ensure your child has a **sun safe hat** and a **refillable drink bottle** every day.



PARENT CONSENT FORM

Child/ren's names: _____ DOB: _____

Parents/ Caregiver Name: _____

CRN: Parent & Child _____

I consent to my child/ren viewing PG movies (**Signature required**) _____

Children's names must be written in space provided and signed on all required days.

Week 1	
<p>Monday 15 April 2019 I give my child/ren consent to travel by to Semaphore Dominican School to participate in Games 2 U Day and on our return indoor and outdoor play on the courts and playground</p>	<p>Childs name: _____</p> <p>Signature: _____</p>
<p>Tuesday 16 April 2019 I give my child/ren consent to participate in Sensory Day and indoor and outdoor play on the courts and playground</p>	<p>Childs name: _____</p> <p>Signature: _____</p>
<p>Wednesday 17 April 2019 I give my child/ren consent to participate in the Brain Benders Science Day and indoor and outdoor play on the courts and playground</p>	<p>Childs name: _____</p> <p>Signature: _____</p>
<p>Thursday 18 April 2019 I give my child/ren consent to travel by bus to the MFS Headquarters in Wakefield St Adelaide. Then on return to school indoor and outdoor play.</p>	<p>Childs name: _____</p> <p>Signature: _____</p>
<p>Friday 19 April 2019 Good Friday Centre Closed</p>	<p>Childs name: _____</p> <p>Signature: _____</p>



PARENT CONSENT FORM

Child/ren's names: _____ DOB: _____

Parents/ Caregiver Name: _____

CRN: Parent & Child _____

I consent to my child/ren viewing PG movies (**Signature required**) _____

Children's names must be written in space provided and signed on all required days.

Week 2	
22 April 2019 Easter Monday Centre Closed	Childs name: _____ Signature: _____
Tuesday 23 April 2019 I give my child/ren consent to participate in the Cartooning Day and indoor and outdoor play on the courts and playground	Childs name: _____ Signature: _____
Wednesday 24 April 2019 I give my child/ren consent to participate in Wheels & Electronic day and in indoor and outdoor play on the courts and play ground. The School does not take responsibility for lost or damaged property bought from home. Equipment is not to be shared among students	Childs name: _____ Signature: _____
Thursday 25 April 2019 ANZAC Day Centre Closed	Childs name: _____ Signature: _____
Friday 26 April 2019 Centre Closed	Childs name: _____ Signature: _____



Student names: _____

Parent/ guardian name: _____

Phone: (H) _____ (W) _____ (M) _____

Parent/ guardian name: _____

Phone: (H) _____ (W) _____ (M) _____

Emergency contact & Collection Authority

1: Name: _____ Relationship to child: _____

Phone: (H) _____ (W) _____ (M) _____

Emergency contact & Collection Authority

2: Name: _____ Relationship to child: _____

Phone: (H) _____ (W) _____ (M) _____

Please list any dietary requirements here _____

Please circle yes or no and provide details where necessary:

Any current custody orders? (If yes please provide a copy)	Yes/No
I understand that if my child develops a fever or demonstrates general illness, myself or one of the other contacts (in the above order) will be called to collect my child.	Yes/No
I understand that once booked, <i>excursion days cannot be cancelled</i> and I will be charged regardless of my child's attendance.	Yes/No
<i>In service days may be cancelled if a full 48 hours' notice is given</i> , or I will be charged. NB. Cancellation for sickness can be an allowable absence if a doctor's certificate is provided.	Yes/No
I understand that if my child demonstrates persistent disruptive behaviour that I or one of my contacts will be called to collect my child and further bookings may be cancelled at the discretion of the Director as per the signed agreement.	Yes/No
I understand that it is my responsibility to advise staff if I do not wish my child to participate in a particular activity as indicated in the permission documents.	Yes/No
I agree to pay the fees as indicated by my account. If I have <i>not</i> supplied the service with my and my child's dates of birth and CRN numbers, I understand that I will be paying full fee.	Yes/No



Emergency medical contact

As a parent/ guardian to

If your child becomes unwell or is injured, medical attention will be sought if needed. Please provide name, address and telephone number of any medical personal currently treating your child who may have information that may help emergency services.

(Name)	(Phone)	(Address)
(Other information)		

Special Circumstances

My Child has a medical condition(s) requiring particular treatment in the event of accident, illness or emergency. Details of medical condition:	(YES/NO)
Is there a Medical Management Plan in place?	(YES/NO)
<i>If Yes, does the school have a current copy?</i>	(YES/NO)
Does your child require modifications to this Plan? <i>If yes, please provide details:</i>	(YES/NO)
If no, are you aware of any other medical emergency that could arise?	(YES/NO)

Checklist and Risk Management

Please provide details of the emergency and how to recognise it:

Emergency Treatment (Please attach additional information if necessary)

I understand that if at any time the staff of the Service consider that my child requires emergency medical/hospital/ambulance assistance, they will have an ambulance attend my child. Ambulance/Medical cover is provided for all OSHC/Holiday Care children who are enrolled at a Catholic School. Children with pre-existing conditions i.e. Asthma, Anaphylaxis, Diabetes are not covered by the schools ambulance cover.

In the event of an accident of illness, staff will call an ambulance if an emergency situation arises. Staff will make every attempt in the event of an accident or illness to contact you or the alternate emergency contact person. Ongoing attempts to contact the parent or alternative emergency contact will be made until successful contact occurs. In the event that contact is impossible or delayed, are there any special instructions to be given to the ambulance staff? If so, please add below:

Parent/Guardian Signature:

Date:/...../.....