



Our Lady Queen of Peace School
106 Botting Street
Albert Park 5014
P: 82798800
(During school hours)
OSHC Mobile 0417 840 700
Email: jfahey@olqp.catholic.edu.au
OSHC Entry VIA Selth Street

ALL BOOKING TO JO BY THURSDAY 16 SEPTEMBER PLEASE

Vacation Care Program

Sept/Oct 2021

Operating Hours

Monday- Friday 7:00 am – 6:00 pm

Vacation Care Dates

Pupil Free Day - Friday 24 September

Monday 27 September – Friday 8 October

Vacation Care Fee

Incursion Vacation Care Day \$55.00

Excursion Vacation 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.

ALL BOOKING TO JO BY THURSDAY 16 SEPTEMBER PLEASE

Vacation Care Information

HATS AND CLOTHING

- Sun safe hats are standard items which you need to provide each day your child attends the Vacation 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 vacation 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 \$15.00. 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 \$15.00 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 that we are not already aware of, you must hand the medication to an OSHC staff member with 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 Vacation Care enrolment form.
- If you need to contact your child at any point during the day, please call the OSHC mobile (0417840700).
- Vacation Care invoices will be issued at the end of vacation care; payments need to be finalised within 7 days or negotiated with Jo or Maureen at the front office.
- Payments can be made via the school account details on your invoice, by card/cash in the office or the OSHC room or using the QKR app.
- 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 14 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 Vacation Care September/October 2021

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






Friday 24 Sept	Monday 27 Sept	Tuesday 28 Sept	Wednesday 29 Sept	Thursday 30 Sept	Friday 1 October
Pupil Free Day Jump Easy	Games 2 U Incursion	Creative Play & Tinkering	Cool First Aid Incursion	Survivor Day	Nature Play Incursion
 <p>Jump your way through the Pupil Free day on the jumping castle.</p>	<p>Come and play in the mobile games theatre, Laser tag and the Giant Hamster Ball.</p> <p>1:30pm – 3:30pm</p> 	 <p>We are getting out the dress up box for a day of creative play. Use ours or bring your own dress ups for a day of fun.</p> <p>The tinkering table will be open for business, come and deconstruct appliances.</p>	<p>Have fun learning some basic first aid skills and meet Lexi & Leo.</p> <p>10:00am – 12:00pm</p> 	 <p>Vacation Care's Survivor Challenge is on. Follow clues, take on team challenges and have fun.</p>	<p>Glen from Junk & Nature Play is coming. Let's get creative with mud pies and sticks for nature play.</p>  <p>Dress for mess. 10:00am – 2:00pm</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>	<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.

Our Lady Queen of Peace Vacation Care

September/October 2021

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

Monday 4 October	Tuesday 5 October	Wed 6 October	Thursday 7 October	Friday 8 October
Public Holiday	Marra Dreaming Incursion	Movie Day In OSHC Pizza , Popcorn & PJs	Thebarton Pool Excursion	Wheels Day
	 <p>10:30am – 12:30pm A day learning about Aboriginal Culture. Basket making, dot painting & weaving.</p>	<p>A day to chill out, watch movies and cartoons on the big screen. Wear your comfy PJs.</p> 	 <p>Learn some water safety and have fun with pool games. 10:00am – 12:00pm</p>	<p>Bring your bike, skateboard or scooter! Closed in shoes and Helmets are a MUST.</p> 
			<p>Bus departs at 9:30am Returns approx. 12:30pm</p>	No sharing of wheels
	<p>Lunch Bring recess and lunch from home</p>	<p>Lunch Provided Bring recess from home Pizza for lunch</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.



PARENT CONSENT FORM

Child/ren's names: _____

Parents/ Caregiver Name: _____

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	
Friday 24 September 2021 PUPIL FREE DAY I give my child/ren consent to participate in Jumping castle day and in indoor and outdoor play on the courts and play ground	Childs name: _____ Signature: _____
Monday 27 September 2021 I give my child/ren consent to participate in the Games 2 U day and in indoor and outdoor play on the courts and play ground.	Childs name: _____ Signature: _____
Tuesday 28 September 2021 I give my child/ren consent to participate in the Dress up and Tinker day and in indoor and outdoor play on the courts and play ground.	Childs name: _____ Signature: _____
Wednesday 29 September 2021 I give my child/ren consent to participate in the First Aid Day and indoor and outdoor play on the courts and playground	Childs name: _____ Signature: _____
Thursday 30 September 2021 I give my child/ren consent to participate in the Survivor Day and indoor and outdoor play on the courts and playground	Childs name: _____ Signature: _____
Friday 1 October 2021 I give my child/ren consent to participate in the Nature Play Day and indoor and outdoor play on the courts and playground	Childs name: _____ Signature: _____



PARENT CONSENT FORM

Child/ren's names: _____

Parents/ Caregiver Name: _____

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	
Monday 4 October 2021 PUBLIC HOLIDAY SERVICE CLOSED	Childs name: _____ Signature: _____
Tuesday 5 October 2021 I give my child/ren consent to participate in the Marra Dreaming Day and indoor and outdoor play on the courts and playground	Childs name: _____ Signature: _____
Wednesday 6 October 2021 I give my child/ren consent to participate in the In House Movie Day and indoor and outdoor play on the courts and playground	Childs name: _____ Signature: _____
Thursday 7 October 2021 Thebarton Aquatics SEE ADDITIONAL EXCURSION FORM & AQUATICS CONSENT FORM	Childs name: _____ Signature: _____
Friday 8 October 2021 I give my child/ren consent to participate in Wheels 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: _____

All families must complete both sides of this consent form

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, <u>excursion days cannot be cancelled</u> and I will be charged regardless of my child's attendance.	Yes/No
<u>In service days may be cancelled if a full 48 hours' notice is given</u> , 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/Vacation 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 or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.

Parent/Guardian Signature:

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

CONSENT FORM FOR CAMP, EXCURSION, SPORTING OR ADVENTURE ACTIVITY

Please use block letters when filling out this form

As a parent/legal guardian of:

STUDENT/CHILD'S NAME	
----------------------	--

I:

PARENT/GUARDIAN NAME	
----------------------	--

give my consent for my child to participate in:

NAME OF CAMP/EXCURSION/SPORTING OR ADVENTURE ACTIVITY	Thebarton Aquatic Centre
---	---------------------------------

at/on:

LOCATION	1 Meyer St Torrensville
----------	--------------------------------

FROM:

--	--	--

 TO:

--	--	--

 OR ON:

7	1	0	2	1
---	---	---	---	---

Does your child have any health support, or medication administration needs that should be considered for camps, excursions etc? Yes ☐ No ☐ N/A ☐

If Yes, has a care plan/medication agreement been provided to the school/preschool? Yes ☐ No ☐ N/A ☐

If No, please provide a completed care plan/medication agreement to the school/preschool on completion of this form.

Any other matters that may impact your child's participation in the above activities safely?
Yes ☐ No ☐

If Yes, please outline details to the school/preschool in the box below.

Details of **planned activities, transport arrangements**, anticipated **number of students/children** and **supervising teachers/instructors** are provided on the information sheet below.

Agreement

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.
- Where appropriate I have also attached additional or updated health care information, including details of any additional health support he/she requires to undertake the above activities safely.
- The information given is accurate to the best of my knowledge.
- I acknowledge that a risk management form is available upon request for my inspection at the school.

Signed: _____

Date: / /

Parent/Legal Guardian (in case of emergency)

NAME					
RELATIONSHIP TO CHILD					
TELEPHONE (1)		TELEPHONE (2)		MOBILE	
Student Medic Alert Number (If applicable):					

*Any health care information provided is not intended to prevent your child participating unless specific medical advice warrants exclusion. The health care information you supply to the school/preschool will be treated confidentially. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please contact the teacher-in-charge if you wish to discuss any health care problems.

Name _____ Signature _____

ACTIVITY INFORMATION SHEET

REASON FOR AND DESCRIPTION OF PLANNED ACTIVITIES	Vacation Care Excursion
TRANSPORT ARRANGEMENTS	Chartered bus to and from the venue
NUMBER OF STUDENT/CHILDREN ATTENDING	45
NUMBER OF SUPERVISING TEACHERS, INSTRUCTORS AND ADULTS ATTENDING	5
FOR EDUCATION AND CARE SERVICES – THE EDUCATOR TO CHILD RATIO	1:8



Department of Education and Children's Services



Government
of South Australia

Swimming/aquatic consent form CONFIDENTIAL

To be completed by the PARENT/GUARDIAN for students participating in swimming and aquatics activities.
This information will be shown to SCHOOL STAFF and SWIMMING INSTRUCTORS
and EMERGENCY SERVICES PERSONNEL responsible for this student's safety at swimming and aquatics activities.

Student name Date of birth
First name (please print) Family name (please print)

Name of school MedicAlert Number (if relevant)

Emergency contact phone number:

1. Health support information for swimming and aquatic activities
Please complete the following information so the instructors and school staff can plan for your child's safety in the water. No student will be excluded from swimming except on medical advice.

Does your child have a health care need that could affect their safety in the water?

- ☐ NO If NO, please go to section 2 - CONSENT TO TAKE PART IN SWIMMING AND AQUATIC ACTIVITIES.
☐ YES If YES, please tick the boxes below that to show your child's health care needs:

Asthma	
Is your child under a health care plan for asthma?	
Severe allergy (eg bee sting)	
Joint Disorder (eg arthritis)	
Vision Impairment	
Ear Disorder (eg drainage tubes)	
Incontinence	
Medication usually taken at school	

Seizures	
Diabetes	
Heart Disorder	
Hearing Impairment	
Skin condition (eg dermatitis)	
Swallowing / choking difficulties	
Communication difficulties	
Other (please give details)	

Swimming and aquatics instructors need a written health care plan from your child's doctor/treating health professional to plan for any special health needs. Have you attached health care information from your child's doctor/treating health professional? (this may be a copy of the information you have provided already to the school).

- ☐ NO If NO, staff and instructors will provide standard supervision for safety and first aid (see over).
☐ YES If YES, write down what you have attached (eg asthma care plan; details about ear care)

.....
.....

2. Consent to take part in swimming or aquatic activities

I give my consent for my child named above to take part in swimming and /or aquatic activities.
I understand that school staff will be present and provide supervision for safety.
I understand that the swimming or aquatics instructors will be in charge of the water activities.

Parent/guardian Signature Date
or adult student
(First name (please print) Family name (please print)

This section is for the instructor and/or class teacher about any special measures to be taken for this child's safety in the water

(for example, safety watch because of a history of seizures; easy access to child's asthma medication; teacher to ensure two puffs of reliever ten minutes prior to lesson; teacher to ensure child eats two snack portions from diabetes school kit)

Standard health care support for the most common health conditions

Asthma	Any child currently prescribed asthma medication must bring their medication. Asthma care plan should be attached to this consent form. Standard first aid: Four puffs of reliever medication. Wait four minutes. If no relief, four more puffs, four minutes. If still no relief, call an ambulance. No return to the water after two lots of reliever medication within any given session.
Seizures	No swimming without care plan from doctor/seizure specialist. Any student with a diagnosed history of seizures will have an adult acting as one to one safety watch. Seizures are generally managed in the pool. Once the seizure is over, the child will leave the pool for the rest of the session.
Diabetes	No swimming without care plan from doctor/diabetes specialist. First aid as per individual diabetes care plan.
Severe allergy	As per allergy specialist care plan
Drainage tubes In ears	Appropriate protection using plugs, caps and ear wraps to be worn throughout water activities unless written medical advice is provided saying this is not necessary.
Incontinence	As per care plan
Choking	As per care plan

Responsibilities

The teacher(s) from the school:

- provides overall supervision
- supervises lesson preparation, including sun protection for outdoor activities
- supervises packing up at the end of activities
- Is responsible for general behaviour management
- Ensures consent forms, including relevant health support information, are provided to the instructor in charge. This includes identification of staff appointed to individual student safety watch (for example if a student has epilepsy/seizures).

The instructor:

- Is responsible for the swimming and aquatics learning program
- Must negotiate with teachers any individual student health support (as indicated on consent forms) before students enter the water
- Supports school policies including behaviour management and safety including sun protection
- Ensures school staff and students are informed about emergency procedures.