

Our Lady Queen of Peace School

106 Botting St  
ALBERT PARK SA 5014

OSHC entrance is via Selth Street



# Vacation Care Program October 2022

Tuesday 4 October – Friday 14 October 2022

OSHC mobile: 0417 840 700  
Email: [jfahey@olqp.catholic.edu.au](mailto:jfahey@olqp.catholic.edu.au)

**Bookings close on Thursday 22 September 2022**



## Operating hours

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Monday – Friday  
7am – 6pm

OSHC entry is via Selth Street

## Fees

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Incursion day: \$55  
Excursion day: \$60

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

## Booking Cancellations

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Cancellation is required **2 working 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.

# Vacation Care Information

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## Hats and clothing:

- A sun safe hat is a standard item you are required to provide your child each day they attend the Our Lady Queen of Peace (OLQP) 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.

**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 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 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. It is therefore expected that your child will attend the service with food that is free of 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 encourages 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 7am to 6pm. If you collect your child **after 6pm**, you will be charged a **late fee of \$1 per minute**.
- Children must be accompanied by an adult when 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 0417 840 700**.
- 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 in a number of ways:
  - Using the school account details on your invoice,
  - By card/cash in the OLQP front office or OSHC room,
  - By 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 child care 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 your booking to release your CCS payment.

**Care may be cancelled due to insufficient bookings.**

# OLQP School – Vacation Care October 2022



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

Monday 3 October 2022	Tuesday 4 October 2022	Wednesday 5 October 2022	Thursday 6 October 2022	Friday 7 October 2022
<b>Public holiday</b>	<b>Thebarton Aquatic Centre Indoor &amp; heated!</b>	<b>Craft Day</b>	<b>Adelaide Oval Tour</b>	<b>Nature Play Incursion</b>
No session	<p><b>10am – 12noon</b></p> <p>Please arrive by 9am</p> <p>Don't forget your towel and plastic bag for wet bathers!</p>  <p>Thebarton <b>Aquatic Centre</b></p>	<p>Come prepared to be MESSY!</p> <p>The day will be filled with painting and making activities!</p>	<p>10am – 11am <u>Please arrive before 9am.</u></p> <p>Tour of the Oval and inside the historic scoreboard. Play 'virtual' cricket on the Adelaide Oval!</p> <p>Lunch at/near the Rotunda (subject to weather)</p> 	<p><b>Time 10am – 2pm</b></p> <p>Dress for MESS! Glenn from "Junk and Nature Play" is back!</p> 
	<p>Bus departs @ <b>9.30am</b> Returns @ <b>12.30pm</b></p>		<p>Train departs @ <b>9.36am</b> Return train @ <b>12.20pm</b></p>	
<b>Bring recess &amp; lunch from home</b>	<b>Bring red school hat, recess &amp; lunch from home</b>	<b>Bring recess &amp; lunch from home</b>	<b>Bring red school hat, recess &amp; lunch from home</b>	<b>Bring recess &amp; lunch from home</b>

# OLQP School – Vacation Care October 2022



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

Monday 10 October 2022	Tuesday 11 October 2022	Wednesday 12 October 2022	Thursday 13 October 2022	Friday 14 October 2022
<b>SAPOL Road Safety Centre</b>	<b>Footsteps Dance Incursion</b>	<b>Jumping Castle</b>	<b>OSHC Talent Quest</b>	<b>Movie Day Pizza, popcorn &amp; PJs</b>
<p><b>12.30pm – 2pm</b></p> <p>Lunch and play at Bonython Park. This is followed by a presentation from SAPOL about keeping safe on the roads, and the chance to use the mock roadway!</p>  <p><b>SOUTH AUSTRALIA POLICE SAFER COMMUNITIES</b></p>	<p><b>10.3am – 11.30pm</b></p> <p>Get ready to bop! Wear your cRaZy socks!</p> 	<p>All day</p> <p>Mega 7-in-1 Combo Jumping castle</p> 	<p>Calling all aspiring magicians, comedians, dancers, singers, performers!</p> <p>Spend the morning planning and rehearsing, ready for the Talent Show after lunch!</p> 	<p>A day to chill out, watch G &amp; PG rated movies and cartoons on the big screen.</p> <p>Wear your comfy PJs!</p> 
<p>Bus departs @ <b>11am</b> Returns @ <b>2.30pm</b></p>				
<b>Bring red school hat, recess &amp; lunch from home</b>	<b>Bring recess &amp; lunch from home</b>	<b>Bring recess &amp; lunch from home</b>	<b>Bring recess &amp; lunch from home</b>	<b>Bring recess Pizza for lunch</b>

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Please turn the page ...

Please carefully read &  
retain the information in the  
first part of  
this booklet.

The forms on the  
following pages  
can be cut from this booklet and  
submitted to  
OLQP Vacation Care  
once filled in and  
completed.



# Parent Consent Form

Name of child/ren: \_\_\_\_\_

Parent/caregiver name: \_\_\_\_\_

I consent to my child/ren viewing PG movies.

**Signature required here:**

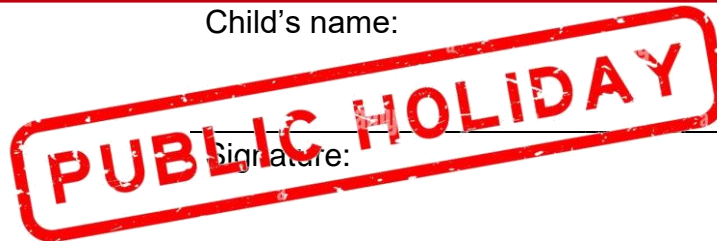
\_\_\_\_\_

**Children's names & parent/caregiver signature must be provided on all the required days below.**

## Week 1

**Monday 3 October 2022**

Child's name: \_\_\_\_\_



Signature: \_\_\_\_\_

**Tuesday 4 October 2022**

Child's name: \_\_\_\_\_

I consent for my child/ren to participate in the Thebarton Aquatic Centre event, as well as indoor and outdoor play on the courts and playground.

Signature: \_\_\_\_\_

**Complete the additional excursion form.**

**Wednesday 5 October 2022**

Child's name: \_\_\_\_\_

I consent for my child/ren to participate in the Craft Day event/activities, as well as indoor and outdoor play on the courts and playground.

Signature: \_\_\_\_\_

**Thursday 6 October 2022**

Child's name: \_\_\_\_\_

I consent for my child/ren to participate in the Adelaide Oval event, as well as indoor and outdoor play on the courts and playground.

Signature: \_\_\_\_\_

**Complete the additional excursion form.**

**Friday 7 October 2022**

Child's name: \_\_\_\_\_

I consent for my child/ren to participate in the Nature Play event, as well as indoor and outdoor play on the courts and playground.

Signature: \_\_\_\_\_



# Parent Consent Form

Name of child/ren: \_\_\_\_\_

Parent/caregiver name: \_\_\_\_\_

I consent to my child/ren viewing PG movies.

**Signature required here:**

\_\_\_\_\_

**Children's names & parent/caregiver signature must be provided on all the required days below.**

## Week 2

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**Monday 10 October 2022**

Child's name:

I consent for my child/ren to participate in the SAPOL Road Safety Centre event, as well as indoor and outdoor play on the courts and playground.

\_\_\_\_\_  
Signature:

**Complete the additional excursion form.**

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**Tuesday 11 October 2022**

Child's name:

I consent for my child/ren to participate in the Footsteps Dance event, as well as indoor and outdoor play on the courts and playground.

\_\_\_\_\_  
Signature:

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**Wednesday 12 October 2022**

Child's name:

I consent for my child/ren to participate in the Jumping Castle event, as well as indoor and outdoor play on the courts and playground.

\_\_\_\_\_  
Signature:

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**Thursday 13 October 2022**

Child's name:

I consent for my child/ren to participate in the OSHC Talent Quest event, as well as indoor and outdoor play on the courts and playground.

\_\_\_\_\_  
Signature:

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**Friday 14 October 2022**

Child's name:

I consent for my child/ren to participate in the in-house Movie Day event and activities, as well as indoor and outdoor play on the courts and playground.

\_\_\_\_\_  
Signature:

# Our Lady Queen of Peace School



**All families must complete both sides of this consent form**

Student names: \_\_\_\_\_

1. **Parent/caregiver name:** \_\_\_\_\_

Phone: H \_\_\_\_\_ W \_\_\_\_\_ M \_\_\_\_\_

2. **Parent/caregiver name:** \_\_\_\_\_

Phone: H \_\_\_\_\_ W \_\_\_\_\_ M \_\_\_\_\_

1. **Emergency contact & collection authority:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: H \_\_\_\_\_ W \_\_\_\_\_ M \_\_\_\_\_

2. **Emergency contact & collection authority:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: H \_\_\_\_\_ W \_\_\_\_\_ M \_\_\_\_\_

**Please list any dietary requirements:** \_\_\_\_\_

**Please circle Yes or No, and provide details where necessary:**

Any current custody orders? <i>(If Yes please provide a copy)</i>	<b>Yes / No</b>
I understand that if my child develops a fever or demonstrates general illness, I or one of the other contacts (in the above order) will be called to collect my child.	<b>Yes / No</b>
I understand that once booked, excursion days cannot be cancelled, and I will be charged regardless of my child's attendance.	<b>Yes / No</b>
In service days may be cancelled if a full 48 hours' notice is given, or I will be charged. NB. Cancellation for sickness can be an allowable absence if a doctor's certificate is provided.	<b>Yes / No</b>
I understand that if my child demonstrates persistent, disruptive behaviour, 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.	<b>Yes / No</b>
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.	<b>Yes / No</b>
I agree to pay the fees as indicated by my account. If I have not supplied the service with my and my child's date of birth and CRN numbers, I understand that I will be paying FULL fee.	<b>Yes / No</b>

# 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 the name, address and telephone number of any medical personnel currently treating your child who has information that may help emergency services.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Other info: \_\_\_\_\_

## Special circumstances

My child has a medical condition/s requiring particular treatment in the event of an accident, illness or emergency.  Details of the medical condition:	<b>Yes / No</b>
Is there a Medical Management Plan in place?	<b>Yes / No</b>
<i>If Yes, does the school have a current copy?</i>	<b>Yes / No</b>
Does your child require modifications to this plan? <i>If Yes, please provide details:</i>	<b>Yes / No</b>
If no, are you aware of any other medical emergency that could arise?	<b>Yes / No</b>
Please provide details of the emergency and how to recognise it.	
Emergency treatment (Please attach additional information, if necessary).	
<p>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.</p> <p>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 school's ambulance cover.</p> <p>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.</p>	

Parent/Guardian signature:

Date: / /



# Our Lady Queen of Peace School – Vacation Care

## CONSENT FORM FOR CAMP, EXCURSION, SPORTING OR ADVENTURE ACTIVITY

Please use BLOCK letters when filling out this form.

As a parent of:

STUDENT/CHILD'S NAME	
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I:

PARENT NAME	
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give my consent for [name of child] to participate in:

NAME OF CAMP/EXCURSION/SPORTING OR ADVENTURE ACTIVITY	Thebarton Aquatic Centre
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at/on:

LOCATION	1 Meyer St, Torrensville SA 5031
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FROM: 

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 TO: 

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 OR ON: 

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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 in the box below.*

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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 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 (in case of emergency)

NAME	
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RELATIONSHIP TO CHILD	
-----------------------	--

TELEPHONE (1)		TELEPHONE (2)		MOBILE	
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<b>Student Medic Alert Number (If applicable):</b>	
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\*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.



## ACTIVITY INFORMATION SHEET

REASON FOR AND DESCRIPTION OF PLANNED ACTIVITIES – INCLUDING SPECIALISED CLOTHING OR EQUIPMENT THAT WILL BE REQUIRED	<i>OLQP Vacation Care excursion</i> Thebarton Aquatic Centre Please bring a towel and plastic bag for wet clothes
TRANSPORT ARRANGEMENTS	<i>Private bus</i> <i>Departs from OLQP @ 9.30am</i> <i>Returns to OLQP @ approximately 12.30pm</i>
NUMBER OF STUDENT/CHILDREN ATTENDING	<i>45</i>
NUMBER OF SUPERVISING TEACHERS, INSTRUCTORS AND ADULTS ATTENDING	<i>6</i>
FOR EDUCATION AND CARE SERVICES – THE EDUCATOR TO CHILD RATIO	<i>1:8</i>
CONTINGENCY PLANS – INCLUDING ALTERNATIVE PROGRAMS (WHERE APPLICABLE)	<i>NA</i>
SITE BASED CONTACT PERSON AND TELEPHONE NUMBER AND SITE CONTACT DETAILS	<i>OSHC Director</i> <i>Jo – 0417 840 700</i>

\*This form complies with the Education and Care Services National Regulations – Authorisation for excursions.





# Our Lady Queen of Peace School – Vacation Care

## CONSENT FORM FOR CAMP, EXCURSION, SPORTING OR ADVENTURE ACTIVITY

Please use BLOCK letters when filling out this form.

As a parent of:

STUDENT/CHILD'S NAME	
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I:

PARENT NAME	
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give my consent for [name of child] to participate in:

NAME OF CAMP/EXCURSION/SPORTING OR ADVENTURE ACTIVITY	Adelaide Oval Tour & lunch at/near the Rotunda
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at/on:

LOCATION	War Memorial Dr, North Adelaide SA 5006
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FROM: 

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 TO: 

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 OR ON: 

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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 in the box below.*

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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 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 (in case of emergency)

NAME	
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RELATIONSHIP TO CHILD	
-----------------------	--

TELEPHONE (1)		TELEPHONE (2)		MOBILE	
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Student Medic Alert Number (If applicable):	
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\*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.



## ACTIVITY INFORMATION SHEET

REASON FOR AND DESCRIPTION OF PLANNED ACTIVITIES – INCLUDING SPECIALISED CLOTHING OR EQUIPMENT THAT WILL BE REQUIRED	<i>OLQP Vacation Care excursion</i>  <i>Adelaide Oval Tour</i>
TRANSPORT ARRANGEMENTS	<i>Public transport</i>  <i>Train departing Albert Park Station @ 9.36am, arriving at the city at 9.53am.</i> <i>Train departing the city @ 12.02pm, arriving at Albert Park Station at 12.18pm</i>
NUMBER OF STUDENT/CHILDREN ATTENDING	<i>45</i>
NUMBER OF SUPERVISING TEACHERS, INSTRUCTORS AND ADULTS ATTENDING	<i>6</i>
FOR EDUCATION AND CARE SERVICES – THE EDUCATOR TO CHILD RATIO	<i>1:8</i>
CONTINGENCY PLANS – INCLUDING ALTERNATIVE PROGRAMS (WHERE APPLICABLE)	<i>NA</i>
SITE BASED CONTACT PERSON AND TELEPHONE NUMBER AND SITE CONTACT DETAILS	<i>OSHC Director</i> <i>Jo – 0417 840 700</i>

\*This form complies with the Education and Care Services National Regulations – Authorisation for excursions.



# Our Lady Queen of Peace School – Vacation Care

## CONSENT FORM FOR CAMP, EXCURSION, SPORTING OR ADVENTURE ACTIVITY

Please use BLOCK letters when filling out this form.

As a parent of:

STUDENT/CHILD'S NAME	
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I:

PARENT NAME	
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give my consent for [name of child] to participate in:

NAME OF CAMP/EXCURSION/SPORTING OR ADVENTURE ACTIVITY	SAPOL Road Safety Centre
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at/on:

LOCATION	Port Rd, Adelaide SA 5000
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FROM: 

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 TO: 

--	--	--

 OR ON: 

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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 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 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 (in case of emergency)

NAME	
------	--

RELATIONSHIP TO CHILD	
-----------------------	--

TELEPHONE (1)		TELEPHONE (2)		MOBILE	
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<b>Student Medic Alert Number (If applicable):</b>	
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\*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.



## ACTIVITY INFORMATION SHEET

REASON FOR AND DESCRIPTION OF PLANNED ACTIVITIES – INCLUDING SPECIALISED CLOTHING OR EQUIPMENT THAT WILL BE REQUIRED	<i>OLQP Vacation Care excursion</i>  <b>SAPOL Road Safety Centre &amp; Bonython Park</b>
TRANSPORT ARRANGEMENTS	<i>Private bus</i>  <i>Departs from OLQP @ 11am</i> <i>Returns to OLQP @ approximately 12.20pm</i>
NUMBER OF STUDENT/CHILDREN ATTENDING	<b>45</b>
NUMBER OF SUPERVISING TEACHERS, INSTRUCTORS AND ADULTS ATTENDING	<b>6</b>
FOR EDUCATION AND CARE SERVICES – THE EDUCATOR TO CHILD RATIO	<b>1:8</b>
CONTINGENCY PLANS – INCLUDING ALTERNATIVE PROGRAMS (WHERE APPLICABLE)	<b>NA</b>
SITE BASED CONTACT PERSON AND TELEPHONE NUMBER AND SITE CONTACT DETAILS	<b><i>OSHC Director</i></b> <b><i>Jo – 0417 840 700</i></b>

\*This form complies with the Education and Care Services National Regulations – Authorisation for excursions.