

Vacation Care Booking Sheet

PRIORITY OF ACCESS

In cases where demand for child care exceeds places available: The following categories will apply in determining placement:

- Priority 1: a child at risk of serious abuse or neglect
- Priority 2: a child of a single parent who satisfies, or of parents who both satisfy, the work / training / study test under section 14 of the *A New Tax System (Family Assistance Act) 1999*
- Priority 3: Any other child from Seacliff Primary School.
- Priority 4: Any other child.
- Priority 5: Children not yet attending school.

Parent's Name: _____

Children's Names and Priority of Access:

- 1. _____ P ____
- 2. _____ P ____
- 3. _____ P ____

Please write each child's name and their priority of access number

Week 1		Week 2	
Mon 1 st October	PUBLIC HOLIDAY CLOSED	Mon 8 th October	
Tues 2 nd October		Tues 9 th October	
Wed 3 rd October		Wed 10 th October	
Thurs 4 th October		Thurs 11 th October	
Fri 5 th October		Fri 12 th October	

Do you have any further information?

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Please list any suggestions you have for upcoming Vacation Care Programs

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Incursion/Excursion Consent Form

I give permission for my child/ren _____ to attend the following incursions/excursions. I am aware of arrival and departure times, modes of transport, child/staff ratios, policies and what my child/ren will need each day.

Signed _____ Date _____

Emergency Contacts: (Please provide, even if you have done this before)

Name: _____ Home Phone: _____ Work/Mobile: _____

I have read and understood the centre's policies on bookings, cancellations, payment, sun safety, water, nutrition, spending money, footwear, electronics and extreme weather.

YES / NO

I give permission for my child/ren to use sunscreen supplied by OSHC, in the event that no sunscreen has been provided. **YES / NO**

I give permission for my child to be photographed participating in activities for the purpose of display inside the OSHC room and program documentation. **YES / NO**

I give permission for my child/ren to see a PG film at the movies **YES / NO**

At OSHC **YES / NO**

I certify that Seacliff OSHC has current information and documentation of my child/ren medical and dietary needs **YES/NO** (If no, **UPDATE DIRECTOR IMMEDIATELY**)

Bookings for Vacation Care are cut off at the end of the **Week 8 Term 2** and places will be allocated based on priority. In the event that a category is oversubscribed at the cut-off date, allocation of places will be on a first in basis. Bookings will be accepted after the cut-off date from all categories, however will be on a first in basis.

Parents are welcome to observe their children participating in Vacation Care activities, however we ask that this is limited to 30 minutes each day to minimise disruption to the program.

Bookings will not be accepted if the account is not at a nil balance by the end of week 8

Parent Signature: _____ Date: _____

Staff Signature: _____ Date: _____