# Vacation Care Booking and Permission Form Summer 2015

### Children’s Details:

1. **Child’s Name:** ___________  
   **Age:** ____  
   **School Year:** ______  
2. **Child’s Name:** ___________  
   **Age:** ____  
   **School Year:** ______  
3. **Child’s Name:** ___________  
   **Age:** ____  
   **School Year:** ______  
4. **Child’s Name:** ___________  
   **Age:** ____  
   **School Year:** ______

I hereby give my permission for my child/ren to participate in the excursions and incursions on the dates I have signed below:

<table>
<thead>
<tr>
<th>Week One</th>
<th>Monday 12/01/2015</th>
<th>Tuesday 13/01/2015</th>
<th>Wednesday 14/01/2015</th>
<th>Thursday 15/01/2015</th>
<th>Friday 16/01/2015</th>
</tr>
</thead>
</table>
| **Hawaiian Luau Day**  
Children will be at centre all day. Centre based Program.  
Sausage sizzle for lunch  | **Excursion – Ten Pin Bowling Rooty Hill AMF**  
Children must arrive by: 9:30am  
Children will return by: 2:30pm  
Travel is by private bus  
Pizza and fruit box for lunch  | **Incursion – Base Zero Rock Climbing**  
10:30am to 12:30pm  
Children will be at centre all day. Centre based Program.  | **Excursion – Kaos @ Panthers**  
Children must arrive by: 9:00am  
Children will return by: 2:30pm  
Travel is by private bus  | **Wheels Day**  
Children will be at centre all day. Centre based Program.  |

<table>
<thead>
<tr>
<th>Lunch Alternative</th>
<th>Beef</th>
<th>Chicken</th>
<th>Vegetarian (please circle required option)</th>
<th>Pizza: Vegetarian required (please circle if required)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parent Signature</strong></td>
<td></td>
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</tbody>
</table>

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<tr>
<th>Week Two</th>
<th>Monday 19/01/2015</th>
<th>Tuesday 20/01/2015</th>
<th>Wednesday 21/01/2015</th>
<th>Thursday 22/01/2015</th>
<th>Friday 23/01/2015</th>
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</thead>
</table>
| **Incursion – water fun day with Jumping Castle**  
Children will be at centre all day. Centre based Program.  | **Excursion – Movies Hoyts Cinemas, Penrith Plaza.**  
Children must arrive by: 9:00am  
Children will return by: 2:30pm  
Travel is by private bus  
Children will be offered an ice-cream, poppa juice + popcorn  | **Incursion – Fizzics Science Show 10.30am to 11.30am**  
Children will be at centre all day. Centre based Program.  | **Excursion – Sydney Ice Arena Norwest**  
Children must arrive by: 9:30am  
Children will return by: 2:30pm  
Travel is by private bus  
Long pants are needed for skating  | **Great Aussie BBQ**  
Children will be at centre all day. Centre based Program.  
Sausage sizzle for lunch  |

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**EACH DAY:** Bring lunch, morning and afternoon tea, and a refillable drink bottle unless otherwise stated.
Parent / Guardian

Name: _____________________________________________________________

Address: __________________________________________________________________________________________

Contact Numbers: Home: ____________________________ Mobile: ____________________________

Email: ________________________________________________________________

Parent Declaration (Please tick every applicable box)

☐ I understand that the Educator to Child ratios will be maintained at a minimum of:
  Excursions: 1:8
  Centre: 1:15

☐ I understand that the max number of children attending on a single day will be:
  Excursions: 48 – Ten Pin Bowling
            48 – Kaos @ Panthers
            48 – Movies - Hoyts Penrith Plaza
            48 – Sydney Ice Arena
  Centre: 60

☐ I understand that Catholic Out of School Hours Care programs are based on the “My Time Our Place” learning outcomes in the school age care setting

☐ I understand that an “Excursions and Incursion Risk Assessment” has been completed prior to the event and is available to me upon request

☐ I understand that failure to make the full Vacation Care fee payment by the due date, my child/ren’s position at Vacation Care will be cancelled without notice

☐ I agree to abide by all policies and procedures of the Catholic Education Office Diocese of Parramatta and Catholic Out of School Hours Care relevant to the delivery of Catholic Vacation Care

☐ I accept that children will be supervised at all times, and that all travel between the Centre and excursion venue will be in privately booked buses with seatbelts, with only COSHC staff, volunteers and Vacation Care children on the bus

☐ I understand that all excursions are compulsory for all children booked in to attend on that day

☐ I accept that it is my responsibility to ensure my child/ren is/are at the Centre 30 minutes before the scheduled departure bus time on excursion days. I understand that I will need to make alternative care arrangements for my child/ren if we arrive late

☐ I agree to support the centre in implementing the Sun Protection Policy by my child/ren wearing Sun-safe clothing with sleeves & collar, sun-safe hat and sports shoes & socks

☐ I give permission for my child/ren to consume the foods and drinks as listed to be supplied by the Centre &/or out on excursions

☐ I give permission for my child/ren to have their face painted as part of the centre program throughout the holidays

☐ I give permission for my child/ren to go on an impromptu walking excursion to Ched Towns Reserve

Parent / Carer Name: ________________________________________________________________

Signature: ________________________________________________________________ Date: ______________

Staff Signature: ________________________________________________________________ Date Received: ______________

CLOSING DATE FOR BOOKING REQUESTS AND FULL PAYMENT: Friday 12 December 2014.