# 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</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>
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<tbody>
<tr>
<td></td>
<td><em>Incursion – Pizza Chefs 10:00am to 12:00pm</em></td>
<td><em>Excursion – Sydney Ice Arena at Norwest</em></td>
<td><em>Incursion – Forensic Science 10:00am to 11:00am</em></td>
<td><em>Super Hero / Comic Book Day</em></td>
<td><em>Excursion – Kaos @ Panthers</em></td>
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<td>Children will be at centre all day. Centre based Program.</td>
<td>Children must arrive by: 8:30am Children will return by: 3:30pm</td>
<td>Children will be at centre all day. Centre based Program.</td>
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<td>Children must arrive by: 9:30am Children will return by: 2:30pm</td>
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<td><em>Lunch Alternative</em></td>
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<td><strong>Week Two</strong></td>
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<td><em>Monday 19/01/2015</em></td>
<td><em>Tuesday 20/01/2015</em></td>
<td><em>Wednesday 21/01/2015</em></td>
<td><em>Thursday 22/01/2015</em></td>
<td><em>Friday 23/01/2015</em></td>
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<td><em>Incursion – Ms Kadinsky Art Workshop 1:30pm to 3:30pm</em></td>
<td><em>Water Fun Day</em></td>
<td><em>Incursion – Julie Zomers Magic 10:00am to 12:00pm</em></td>
<td><em>Excursion – Movies @ Reading Cinemas Rouse Hill</em></td>
<td><em>Australia Day Celebrations</em></td>
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<td><em>Lunch Alternative</em></td>
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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

☐ 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: 32 – Kaos @ Panthers
               32 – Sydney Ice Arena
               32 – Reading Cinemas Rouse Hill
   Centre: 45

☐ 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

Parent / Carer Name: __________________________________________________________________________

Signature: ___________________________ Date: __________________________

Staff Signature: ________________________ Date Received: ________________