

# **September/ October 2021**

# Cobblet Greek Vacation Care

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Ph: 8251 5291 Mobile: 0434 365 589





#### **MOBILE PHONES**

Children don't need a mobile phone at OSHC. If a parent requires it please speak with the Director and it will be stored in the office.

# IMPORTANT INFORMATION

## PLEASE READ



#### **LUNCHES**

Please DO NOT send lunches that require to be heated up or cooked. With the large numbers of children we don't have the capacity to heat everyone's lunch in the short time allocated.



### **EXCURSIONS**

# RECEPTION—YEAR 2 YEAR 2 ONWARDS

Your child **MUST** be prepared to attend the excursion day specified for their year level. **ONLY** when we need to make up

equal amounts of children will they then be able to choose which excursion they would like to attend.

Under **NO** circumstances will this be changed. Please help us by ensuring the children are prepared for their age appropriate excursion.

It is very important to read the program and be aware of the **DEPARTURE TIMES**.



### **FEES**

We generate fees on a weekly basis so please ensure to check your email and pay regularly.

Please make sure to return your completed signed form as soon as you know your days as spaces may fill fast.



### **SWAPPING OF DAYS**

Once you have returned your completed form you can't swap days around. You can add days if you require. If you have an unwell child we will require a sick certificate for that child on the day. We can then take the charge off for you.

Thank you for understanding.



### **HATS**

Children are required to wear a hat whilst outside these holidays. This is inline with our Sun Protection Policy.

NO HAT, NO OUTSIDE PLAY!

### **Cobbler Creek Vacation Care Booking Sheet September/October 2021**

Family Name:	
Child's Name:	Yr Level
Child's Name:	Yr Level
Child's Name:	Yr Level
Child's Name:	Yr I evel

### Please TICK or HIGHLIGHT ONLY the days you will require.

There is no swapping or changing of days once your form is submitted. If your child is unwell on the day, we require a sick certificate to waiver the fee.

Thank you for your understanding.

Monday	Tuesday	Wednesday	Thursday	Friday
27th September	28th September	29th September	30th September	1st October
Fabric Bear or Dog Workshop Incursion \$50	Hoyts Movies Premium Excursion \$60	Home Day \$45	Home Day \$45	Home Day \$45
Monday	Tuesday	Wednesday	Thursday	Friday
4th October	5th October	6th October	7th October	8th October
Labour Day Closed	Home Day \$45	Xtreme Inflatables Excursion \$55	Home Day \$45	Wheel Chair Sports Wheelienet Disability Awareness Incursion \$50

\$45 PER CHILD PER HOME DAY \$50 PER CHILD PER INCURSION DAY \$55 PER CHILD PER EXCURSION DAY \$60 PER CHILD PER PREMIUM EXCURSION DAY

### **Parent / Guardian Contact Details**

Parer	nt/Guardian:
	<b>)</b>
Addre	ess:Postcode
Home	Phone:
Mobile	e:
MEDI	CAL ATTENTION IN CASE OF ACCIDENT OR EMERGENCY
	In the case of accident or emergency, every effort will be made to contact parents prior to taking action or seeking treatment. In the event of my child receiving injuries requiring urgent medical treatment, I authorize the care providers and staff to obtain medical assistance, which they deem necessary, and agree to pay all medical and transport costs incurred on behalf of my child. I further authorize qualified practitioners to administer anesthetic if the need arises.
	I am aware of the arrival and pick up procedures, behaviour management policy, fee payment and booking policy for my children at Cobbler Creek Vacation Care.
	I have seen the program of activities and am aware of the excursions planned. I give permission for my child/ren to participate in excursions which he / she may be booked in for. I will ensure my child arrives on time for bus departures.
	I give my child/ren permission to watch any <b>suitability chosen PG movies</b> at the centre or Movie theatre.
	I understand once I have handed in this booking form I am obliged to pay for all days which I have requested.
	Please Tick (I agree to all the Terms and Conditions of Cobbler Creek OSHC)
Paren	nt / Guardian SignatureDateDate
lf you	r email has changed please add it and let us know.
Email	:
	(If it has changed or not provided already)