

Cowandilla Primary School Vacation Care Program

April 14th, 2025 – April 25th, 2025

Vacation Care Operating Hours 6:45am-6:00pm

Please remember **to bring** recess, lunch, drinks each day, closed in shoes are also a requirement.

14/4/25	15/4/25	16/4/25	17/4/25	18/4/25
<p>Dress up Day</p>  <p>Dress up as whoever you like</p>	<p><i>Excursion</i></p>  <p>National Motor Museum</p> <p>Race friends on the museum's large slot car track</p>	<p><i>World art day</i></p>  <p>Various arts and craft activities today</p>	<p><i>Incursion</i></p>  <p><i>Watch an interactive musical performance</i></p>	<p>PUBLIC HOLIDAY</p> <p>OSHC CLOSED</p>
21/4/25	22/4/25	23/4/25	24/4/25	25/4/25
<p>PUBLIC HOLIDAY</p> <p>OSHC CLOSED</p>	<p>Excursion</p>  <p>Movie Day (popcorn provided)</p>	<p><i>Anzac Day</i></p>  <p><i>Try some Anzac Biscuits and make Poppies</i></p>	<p><i>Incursion</i></p>  <p>A magic show you must see to believe</p>	<p>PUBLIC HOLIDAY</p> <p>OSHC CLOSED</p>

Cowandilla Primary School Vacation Care Program Excursion and Incursion Information

Tuesday

15/4/25

National Motor Museum

Depart service 9:15am

Arrive back 3pm

Thursday

17/4/25

Music Performance

11am-12pm

Tuesday

22/4/25

Glenelg Cinemas

Depart service 11:45am

Arrive back 2:30pm

Thursday

24/4/25

Bring Me Magic

11am-12pm

Cowandilla Primary School Vacation Care Program

Family Information

Fee Structure:

Full day: \$50 Incursion/Excursion: \$60 Late Fees Apply \$1 per min

Contact Information:

OSHC Mobile: 0417 565 485

OSHC Service: 8351 7629

Director email: Sean.Jensen717@schools.sa.edu.au

Cancellations:

Families who wish to cancel a booking must give **SEVEN DAYS NOTICE**. If we don't receive notification of a cancelled booking the daily fee will be charged. If the cancellation is due to an emergency the fee may be waived at the discretion of the OSHC Director.

Child Care Subsidy (CCS):

Childcare subsidy is available for eligible families who meet government requirements. It is the responsibility of families to contact Services Australia on 13 61 50, www.servicesaustralia.gov.au/individuals/families (or call into Centrelink) to register their children for CCS. You must ensure all details are kept up to date on MyGov, in particular, combined income. Families must notify the OSHC service if they are eligible to receive CCS and also provide Cowandilla Primary School OSHC with the date of births and Centrelink reference numbers of their child(ren) and parent who registered for CCS. If this information is not provided you may be required to pay full fees until your CCS entitlements are confirmed.

Food and Drink:

Please provide recess, lunch and a drink unless the daily program indicates otherwise. OSHC will provide a healthy afternoon snack and drinking water is available throughout the day. A fridge is available to store food and drinks to ensure they are kept fresh and cool in accordance with OHWS regulations.

Medication:

If your child needs medication while at Vacation Care it is essential that an up-to-date Health Care Plan signed by a GP is given to the OSHC staff along with any necessary medication. Please sign the authorisation of medication log available from the OSHC office.

Clothing & Belongings:

Please ensure that all items of clothing are named. Any toys brought to Vacation Care are the responsibility of your child. Unfortunately, staff cannot be responsible for any loss or damage. We strongly recommend that children do not bring their own toys to OSHC.

Hats & Sunscreen:

All children are required to have a sun smart hat for outside play. Our Sun Smart Policy states **NO HAT = PLAY IN THE SHADE**. Although we apply sunscreen during the day, we would appreciate a thorough application on your child before arrival each day. Please inform us if your child has an allergy to sunscreen.

Accounts:

To ensure that the program remains viable we require all Vacation Care accounts to be paid in full and remaining OSHC accounts to have a balance under \$100 as per OSHC'S Debt Collection Policy. Accounts will be processed each week and sent at our earliest convenience.

Signing IN /OUT:

Children must be escorted into the service and signed in by an authorised person. All authorised people to collect must use their OWN personal pin number on the sign in/out iPad. Please inform staff when arriving and leaving.

Cowandilla Primary School Vacation Care Program Enrolment Form

Child's Name:M/F CRN:D/O/B:

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- Please sign each excursion day to give permission for your child/ren to attend
- The staff ratio for home days is 1:15; Excursion 1:10 Preschool 1:11,
Reception – year 6 1:10 Swimming excursion 1:8
- A risk analysis has been completed for all excursions which is available to see in the room at your request.

14/4/25	15/4/25	16/4/25	17/4/25	18/4/25
Yes No	Yes No	Yes No	Yes No	
21/4/25	22/4/25	23/4/25	24/4/25	25/4/25
	Yes No	Yes No	Yes No	

*******Please note that there is a week's notice for cancellations. A full day's fee will apply for any bookings cancelled without a week's notice.**

PLEASE SIGN THE CONSENT FOR EACH EXCURSION

15/4/25 National Motor Museum. Depart service 9:15am Arrive back 3pm.

I consent to (child/ren.....

Signed (parent/carer).....

22/4/25 Glenelg Cinemas travelling by Kanga Coachlines. Depart service 11:45am Arrive back 2:30pm. My child is allowed to watch a PG rated movie.

I consent to (child/ren.....

Signed (parent/carer).....

Photo Consent

I give permission for my child/ren to be photographed by OSHC staff during activities & for these photos to be displayed in the OSHC room as the service deems appropriate.

Y/N

Movie Consent

I consent for my child/ren to watch carefully selected family movies which will be rated PG.

Y/N

*******Please note that there is a week's notice for cancellations. A full day's fee will apply for any bookings cancelled without a week's notice.**

Cowandilla Primary School Vacation Care Program Medical & Consent Form

Enrolling Parent/carer name:M/F

Parent CRN: D/O/B:

Address: Home PH:

Work PH: Mobile PH:

Email:

Do you give permission for the service to seek medical, hospital and ambulance services for your child/ren should we deem it necessary and agree to pay all associated costs? Y / N

Emergency Contacts (if parent/carer is unable to be contacted)

Name: Mobile PH Home PH:

Relationship:M/F

Name: Mobile PH Home PH:

Relationship:M/F

Is the child subject to custody restrictions? Y / N (if yes please provide details)

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Does your child/ren have a health care issue that could affect their safety at Vacation Care (e.g. asthma, allergies)? Y / N

If yes please provide details:

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Parental Consent

As parent/carer of

I give consent for participation in all activities, including excursion & incursions and in doing so, give agreement for Cowandilla Primary School Vacation Care Program and their staff are free and clear of all responsibilities for any accident or loss of property during participation in any activity.

Signed: Date:

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