

LOBETHAL PRIMARY SCHOOL VACATION CARE



MOBILE CONTACT 0417 874 792

FAX 8389 6448

We are offering care **Monday to Friday 8am to 6pm**. To make this program viable we have to have a minimum of 10 children booked in on every day. If number do not reach this minimum it may be necessary for the Principal, OSHC manager and Oshc staff to have discussions as to whether the day's activity will continue. In fairness to those families that require care due to work commitments, decisions will be made on Friday mornings of the week before the following week based on number of children booked.

YOU WILL NEED **TO SUPPLY LUNCH AND NUTRICIOUS SNACKS** FOR YOUR CHILD EACH DAY. FOR THOSE ATTENDING LONG DAY CARE, LATE AFTERNOON AND EVENING SNACKS ARE PROVIDED.

PLEASE PROVIDE YOU CHILD WITH A CHANGE OF CLOTHING AS WE MAYBE GETTING WET OR DIRTY ON ANY DAY !!!

BOOKING PROCESS

Bookings are accepted by phone/fax, Completion of the attached consent form and booking sheet is required within 24 hrs of booking being made by phone.

(arrival and pick up times are appreciated as it assists in staffing requirements)

Bookings can be made during school hrs on **8389 6419**

CANCELLATIONS

Cancellations without **48 hrs** notice will be **charged full fees** due to staffing cost and lost booking placements. Again we would ask you to keep in mind this program depends on the bookings made and cancellations could mean that a day's activities are cancelled due to low numbers.

FEES

We ask that all term OSHC fees are finalized before accessing Vacation Care .

Charges per day are \$45 minus CCB Rebate entitlements if unsure of rebate entitlements contact DEEWR on 136150 who will be able to further assist you.

There will be additional charges for excursions and some incursions.

PLEASE BOOK EARLY TO AVOID DISAPPOINTMENT AND ALLOW TIME FOR STAFFING ARRANGEMENTS.

DIETRY AND ALLERGY CONSIDERATIONS

Please note that Lobethal Primary School is a **NUT FREE ZONE!!!**

Our program caters for children who requires urgent medical attention when coming in to contact with nuts. We ask that you read the labels of food products that you send with your child.

Anaphylaxis is a sudden and potentially life threatening reaction that can make someone's airways swell and blood pressure drop.

If your child consumes a product containing nuts we would appreciate them washing their hands before attending.

Should your child have a dietary request that we need to know about please advise us on attached consent forms .

MEDICATION

If it is necessary for your child to have medication while attending our vacation care please complete the section on consent form attached, and notify the staff on duty as written consent is required to administer medication to your child.

Medication must be in original containers with child's name clearly attached and a medical health plan needs to be provided from the doctor.

LOBETHAL PRIMARY SCHOOL VACATION CARE

Dear Parent/Guardian,

Indicate below as soon as possible for your child's bookings for the upcoming vacation care program.

Please ensure all consent forms and change of details are returned with this sheet.

We would ask that you book all booking's in advance so that staffing requirement's can be arranged legally. It is uncomfortable for all involved to charge unused sessions but adequate child/staff ratios must be maintained.

Please note all **cancellations will be charged full fees without 48 hrs notice** due to increasing cost of maintaining a viable program.

If your child is attending on a messy play day/ sports day/ or on an excursion please ensure that your child/ren have a change of clothing

Thank you for your co operation

MON 29TH SEPT	TUES 30TH SEPT	WED 1ST OCT	THUR 2ND OCT	FRI 3RD OCT
DROP OFF:	DROP OFF:	DROP OFF:	DROP OFF:	DROP OFF:
PICK UP:	PICK UP:	PICK UP:	PICK UP:	PICK UP:
MON 6TH OCT	TUES 7TH OCT	WED 9TH OCT	THUR 10TH OCT	FRI 11TH OCT
CLOSED PUBLIC HOLIDAY	DROP OFF:	DROP OFF:	DROP OFF:	DROP OFF:
LABOUR DAY	PICK UP:	PICK UP:	PICK UP:	PICK UP:

LOBETHAL PRIMARY SCHOOL OSHC

(Mobile) 0417 874 792

(Lobethal P.S.) 8389 6419 (FAX)8389 6448

CONSENT FORM

I give permission for staff to take my child/ren on short walk to local shops and parks as part of the vacation care program.

I give permission for my child/ren to watch PG movies and play PG games

I give permission for my child/ren to be photographed as part of the program and that the photos may be in advertising within the program or on the school website.

(www.lobethalps.sa.edu.au)

SURNAME: _____

CHILDS NAME	DATE OF BIRTH	CRN NUMBER

SIGNED: _____ DATED: _____

EMERGENCY CONTACT

NAME/S: _____

EMERGENCY CONTACT

NUMBER/S: _____

DIETRY AND ALLERGY

CONSIDERATIONS: _____

MEDICATIONS: _____
