

JANUARY / FEBRUARY HOLIDAY PROGRAMME 2019

Please tick times and days that your child will be attending. If you intend to collect your child after 3.00pm they need to be enrolled for the period 3.00pm – 6.00pm.

SCHOOL YEARS 1, 2, 3

WEEK 1	Mon 14 th	Tue 15 th	Wed 16 th	Thu 17 th	Fri 18 th
8 – 3	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00
3 – 6	\$14.00	\$14.00	\$14.00	\$14.00	\$14.00
TOTAL					

WEEK 1	Mon 21 st	Tue 22 nd	Wed 23 rd	Thu 24 th	Fri 25 th
8 – 3	\$30.00	\$30.00	\$30.00	\$30.00	\$30.00
3 – 6	\$14.00	\$14.00	\$14.00	\$14.00	\$14.00
TOTAL					

WEEK 1	Mon 28 th	Tue 29 th	Wed 30 th	Thu 31 st	Fri 1 st
8 – 3	No	\$30.00	\$30.00	\$30.00	\$30.00
3 – 6	OSCAR	\$14.00	\$14.00	\$14.00	\$14.00
TOTAL					

WEEK 1	Mon 4 th	Tue 5 th	Wed 6 th	Thu 7 th	Fri 8 th
8 – 3	\$30.00	\$30.00	No		
3 – 6	\$14.00	\$14.00	OSCAR		
TOTAL					

- Trips are subject to weather conditions, and may change accordingly.
- Refunds will not be given for cancelling within 1 week of booked day, unless for medical reasons. (Doctors certificate will be required for refund).

Placement in the Holiday Programme is not registered until a complete Enrolment Form is completed. Payment needs to be made on the first day your child attends.

At times photos of your child/ren completing activities may be taken to display on the notice board/OSCN training newsletter.

Please note that this information may be viewed by MSD.

ENROLMENT FORM

Surname: _____ Childs First Name: _____

Age of Child _____

Address: _____

Allergies / Medical Problems / Cultural requirements:

Medical Problems & any treatment to be provided / used.

Cultural requirements _____

Any other relevant information _____

People authorised to collect my child from OSCAR are:

Parent/Caregiver Contact

Name / Relationship to child _____

Home _____ Mobile _____

Name / Relationship to child _____

Home _____ Mobile _____

Emergency Contact (if unable to contact parents.)

Name _____ Phone _____

Relationship to child _____

Name _____ Phone _____

Relationship to child _____

I give my consent for my child to attend the School Holiday Programme on the days as requested and permission to leave the school grounds for trips. I agree to inform the programme co-ordinator prior to my child attending if I feel they may need special attention (e.g tends to wander). I understand that all programme staff will exercise due care but will not be liable for any injury, damage or loss, which my child may sustain to person or property.

Signed: _____ Date: _____