



Vacation Care Booking Form

Vacation Period: Monday 22nd June – Monday 13th July 2020

Last Day for Guaranteed Bookings: **Monday 15th June 2020**

Family Name: _____

Child/rens Name/s:

1: _____ Class: _____ 2: _____ Class: _____

3: _____ Class: _____ 4: _____ Class: _____

I wish my child/ren to attend the **Vacation Care** program on the following day/s:

PLEASE INDICATE WHICH CHILD/REN WILL BE ATTENDING EACH DAY BY MARKING THE APPROPRIATE BOX

	Monday				Tuesday				Wednesday				Thursday				Friday				Payment Due							
	22 June				23 June				24 June				25 June				26 June											
Week 1	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	17 June			
Child																												
Week 2	29 June				30 June				1 July				2 July				3 July				24 June							
Child	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		1	2	3	4			
Week 3	6 July				7 July				8 July				9 July				10 July				1 July							
Child	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		1	2	3	4			
Week 4	13 July				14 July				15 July				16 July				17 July				8 July							
Child	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		1	2	3	4			

If you would like to book you child/ren in for a half-day session during Vacation Care, please nominate the day/s and session you require below:

Date: _____ Session: Morning (until 12:30PM) / Afternoon (from 12:30PM)

Date: _____ Session: Morning (until 12:30PM) / Afternoon (from 12:30PM)

Date: _____ Session: Morning (until 12:30PM) / Afternoon (from 12:30PM)

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Date: _____ Session: Morning (until 12:30PM) / Afternoon (from 12:30PM)

Date: _____ Session: Morning (until 12:30PM) / Afternoon (from 12:30PM)

Bookings are essential to ensure minimum staffing levels are met. Casual bookings must be made with 24 hours' notice the day before attendance. Cancellations strictly adhere to the Cancellation Policy. Places can be limited and cannot be guaranteed.

Parent/Guardian Signature: _____ Date: _____

Cost of Vacation Care

- Weekly (5 days in 1 week) (by BOOKING DUE DATE): **\$262.65 per child per week**
- Daily Rate (by BOOKING DUE DATE): **\$57.17 per child per day**
- Half Day Incursion rate (till 12.30 pm) (by BOOKING DUE DATE): **\$28.58 per child per morning or afternoon**
- Casual Day for booking not made by **BOOKING DATE** (15th June) **\$62.32 per child per every day**
- Administration Fee (for un-paid vacation care fees after PAYMENT due dates): **\$25.00 per child per week**

Office Use Only:

Date received: _____ By: _____ Date Processed: _____ By: _____

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FSAC Ltd t/a The Springfield Anglican College – CRICOS Registration Number 03658M



Vacation Care Information

Bookings and Cancellation:

To guarantee a place at Vacation care, **bookings for June/July 2020 holidays** must be made no later than **Monday 15th June 2020.**

Bookings made after this date do not guarantee a place and will be charged at the casual rate of \$62.32 a day. Cancellations will only be accepted with **48 hours'** notice for children that are unwell or have a doctor's appointment. **No other cancellations will be accepted.** Excursions or activities must be paid unless the child is absent due to illness. Excursions will only be cancelled if another child is on the waiting list.

Half day sessions are available, however please note the following:

- Morning sessions conclude at 12:30PM. If your child/ren are collected after this time, a full day fee will be applied.
- Afternoon sessions begin from 12:30Pm. The Kiosk will not allow your child/ren to be signed in before this time. If you arrive before 12:30Pm and wish for your child/ren to be placed in care, a full day fee will be applied.

For Vacation Care children will need to bring:

- **A backpack** with a change of clothes (mishaps **do** happen, even to older children).
- **Morning tea, Lunch, and Afternoon tea.** We provide water to drink always. Please pack enough food for your child to have for both morning tea, lunch, and afternoon.

Children **do not** wear their College uniform during vacation care, but because of our Sun Safe Policy and Health and Safety Policy children are required to wear:

- **A sun safe hat** - bucket hat preferred (no caps).
- **Clothes suitable for outside physical activities** (No short skirts or short shorts, strappy tops or singlets)
- **Sneakers/joggers only** – slip on shoes, thongs, loose sandals are not safe when running and climbing.

Electronic Equipment – All electronics including iPads, DS games and similar are **not allowed** during Vacation Care. Please keep electronics for home time.

Quiet activities will be provided for all children after lunch. This will be time for children to take a rest and revitalize for afternoon activities.

Our **Behaviour Policy** is the same as that during school hours. We always endeavour to keep a safe and a happy environment. Any child found deliberately hurting another child, putting the safety of others at risk or deliberately damaging property will be sent home from Vacation Care and not allowed to return.

Last day to book and guarantee a place for vacation care in the June / July holidays must be made no later than 15th June 2020.

Kind Regards,

Dali Jovanovic - ABCC Director / Nominated Supervisor



Activity Overview and Excursion Consents

Please be aware that every effort is made to follow the advertised program however, ABCC may have to alter or cancel activities due to circumstances beyond ABCC's control

Excursion bookings must be made one week prior to date of excursion

Kindergarten to Year 2 children do not leave the Junior Campus on excursions. Year 3 and older are taken from the Campus using transport provided by the College or an approved alternative.

The College buses are fitted with seatbelts. ABCC takes a first aid kit and mobile phones. ABCC staff child ratio is in accordance with Legislative requirements and a management approved risk assessment.

Parents are very welcome to accompany us on our excursions – please see Dali Jovanovic for more information.

Medical Consent Form **MUST** be completed for all children participating in excursions. (Please see office staff if you require more than one Medical Consent Form.)

I give permission for my child/ren to attend & participate in the following excursions & activities. I confirm that by enrolling my child/ren to attend during a session I accept the ABCC policy which states it is compulsory for any child/ren attending a session to participate in the scheduled incursion or show. All excursions and incursions are compulsory, and children must attend or participate in those as per age group.

Please turn over and sign activity and excursion consents

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All ABCC

Date	Activity	
23.06.2020.	<p>Gardening Day</p> <p>Children will have fun doing lots of nature-based activities today. We will do gardening so children will plant some plants and look after current ones in garden. Also, we will do recycling activities using recyclables such as boxes, plastic bottles and similar.</p> <p><i>Risk Assessment Available in ABCC Office</i></p>	<p>Cost: Nil</p> <p>Requirements: Nil</p> <p>Signature:</p>
30.06.2020.	<p>Big Crafts Day:</p> <p>Today children will enjoy a big day of fun arts and crafts and make some lovely items to take home as well. They will decorate money box, make and paint a bird house, and make a bedroom door sign to take home and put on their bedroom doors. Sounds like a fun day!</p>	<p>Cost: \$10.00</p> <p>Requirements: Nil</p> <p>Signature:</p>
13.07.2020.	<p>Movie: Dolittle – PG Rating</p> <p>After a busy morning of playing games on the oval and working on craft projects, children will be ready to relax.</p> <p>Following the lunch, children will gather in Kindy classroom for Early Years ABCC, and in the library for Main ABCC group, and watch a movie.</p>	<p>Cost: Nil</p> <p>Requirements: Nil</p> <p>Signature:</p>



The Springfield Anglican College ABCC
Medical Consent Form

This form is to be filled in by a Parent or Guardian of any student attending the off-campus activity, excursion or camp. The information contained herein is required by Medical Practitioners in the event of students requiring treatment.

Student's Name: _____ Date of Birth: _____

Name of Parent/Guardian: _____

Address: _____

Telephone Number: Home: _____

Mother's Work: _____ Mother's Mobile: _____

Father's Work: _____ Father's Mobile: _____

Name of Medical Insurance Fund: _____ Medicare Number: _____

Has your child had a tetanus booster in the last 12 months? Yes / No

Does your son/daughter suffer from any of the following:

(Please give full details including severity, medication, date of last attack, operation etc.)

Heart Problems _____

Respiratory Problems _____

Asthma _____

Other Respiratory Problems _____

Allergies to: Food _____ Drugs _____

Ointments _____ Other _____

Diabetes _____

Epilepsy _____

Blood Pressure _____ Bed Wetting _____

Recent Illness/Operations _____



Phobias _____

Other _____

MEDICATION

Please give details of any medicines being taken by your child including dosage and frequency.

(All medication excluding asthma puffers must be handed to form teachers at the commencement of the camp. Regular medication procedures and expectations apply. All medication must be accompanied by a medication form and instructions signed by a medical practitioner.)

I hereby authorize the Executive Principal of FSAC Ltd or his duly appointed representatives to obtain such medical attention as may be deemed necessary and I understand that I am responsible for the costs. I further authorize qualified medical practitioners to administer anaesthetic and blood transfusion if the necessity arises.

Parent/Guardian Signature

Date