

CARAVONICA STATE SCHOOL P&C ASSOCIATION
OUTSIDE SCHOOL HOURS CARE

VACATION CARE BOOKING FORM

Please book my child /ren for the following days during September/October 2019 Vacation Care:
(Please note fees for Vacation Care are \$47 a day per child and excursion and incursions are an additional cost).

****All outstanding fees need to be finalised before Vacation Care booking can be taken.
(All accounts are 7 days)****

Deposit of \$47 to be paid at time of booking

(Please circle dates required).

September/October 2019

Monday 23 rd	Tuesday 24 th	Wednesday 25 th	Thursday 26 th	Friday 27 th
Monday 30 th	Tuesday 1 st	Wednesday 2 nd	Thursday 3 rd	Friday 4 th

Please note: student free day in week 3 (please circle if required)

Monday 21st October
(Student free day)

I have read and understood the policies of the covering letter for Caravonica OSHC September/October 2019 Vacation Care Program; I also understand that the program may vary due to unforeseen circumstances.

Child/ren's Name			
Parent's Name			
Date			
Signature			
OFFICE USE ONLY			
\$47 Deposit paid by			
Parent Signature:		Coordinator Signature:	
Date:		Date:	

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I give permission for my children to attend the following incursion/s (please tick):

Incursion: Jamie Gosling Soccer Clinic

When: Monday 23rd September, 2019

Staff ratio is 1 adult: 15 children

Cost is \$15 per child.

Incursion: Laser Tag

When: Tuesday 1st October, 2019

Staff ratio is 1 adult: 15 children

Cost is \$10 per child.

Incursions incur an additional fee + \$47 regular booking fee

Incursion Permission

I _____ hereby give permission for my child/children to attend the above incursion/s and activities organised by Caravonica Outside School Hours Care.

Parent/Guardian Signature:

Name & Emergency Phone Number

(Please print)

EXCURSION PERMISSION FORM

Name of child/ren: _____

Venue: Cairns Aquarium
Day/Date of excursion: Thursday 26th September, 2019
Venue Address: 5 Florence St, Cairns
Description of Destination: Aquarium
Activities at venue: Guided tour through aquarium, viewing different water species

Transport details:

Departure time: 9am Return time: approx. 3:30pm

Transport type:

Private Charter Bus with seat belts Other (please specify) _____

Staffing: Staff Ratio: 1:8 Anticipated number of children: 50

Anticipated number of staff: 8

The excursions will be supervised by the following adults: Anne Williams, Tahlia Crossley, Bev McNae, Frances Catherwood, Rachel Zaicov, Zabrina Duncan, Julie Disher, James McNae, Karly De Biasio, Siobhan Barton and Emanuel Drahm

A risk assessment of this excursion has been conducted and is available at the service

Excursion Permission

I _____ hereby give permission for my child/children to attend the above excursion and activities organised by Caravonica Outside School Hours Care.

Parent/guardian Signature:

Emergency Contact

Name: _____

Phone: _____