



ELC School Holiday Program Sept/Oct 2017

Dear Families,

Once again we will be offering a program during the upcoming school break. The program has been created to provide the best quality of care alongside a program that is also engaging for your children. We have consulted extensively with the ELC Care children about what activities and excursions they would like to do. As you can see on the program outline, we have some exciting excursions and incursions planned.

The cost for our holiday program is \$74.00 per day for Years P-1. Both the childcare rebate and/or childcare benefit are applicable to these fees if you are eligible.

These fees are inclusive of all meals and incursions & excursions. Care will be available between 7.30am and 6.00pm. The times for core activities such as excursions are noted on the individual day. It is important that on ALL excursion days, your child arrives at the ELC no later than 15 minutes prior to departure or they run the risk of missing the bus. Please note that some excursions and incursions may be subject to change due to weather conditions.

Enrolment in our Holiday Programs is on a first in basis. We will stop accepting enrolments when the daily limit has been reached. All forms must be submitted by **3.00pm Friday Week -8 - 8/9/17** - to ensure your child has a place in the holiday program.

Enrolment in our holiday program will not be accepted from families that have outstanding debt with Holy Family ELCCare. Full payment of the Holiday Program is due by **Monday 18/9/17 - Week 9**.

Regards,

The Holy Family ELC Care Team

I, (parent name) enroll my child/children _____

Child 1		Year / Class	
Child 2		Year / Class	
Child 3		Year / Class	
Child 4		Year / Class	

into the Holy Family ELC Care Sep-Oct 2017 School Holiday Program.

My child/children will attend the following days:

Week 1	
Public Holiday 25/9/17	
Tuesday 26/9/17	
Wednesday 27/9/17	
Thursday 28/9/17	
Friday 29/9/17	

Week 2	
Public Holiday 2/10/17	
Tuesday 3/10/17	
Wednesday 4/10/17	
Thursday 5/10/17	
Friday 6/10/17	

By completing this enrolment form I agree to:

- Have read the ELC Parent Handbook and understand and accept all of the terms and conditions.
- Have no outstanding debt with ELC.
- Will pay the full cost of the School Holiday Program up front by, **Monday 18/9/17 - Week 9.**
- Give permission for Holy Family ELC Staff to take my child on all of the planned off-site excursions.

Signed:

Date:

Allergies/Medical Conditions & Dietary Requirements COOSH should be aware of:



ELC Care General Permission Form 2017

This form has been designed as a general permission form for Holy Family ELC Care Out of School Hours and Holiday Care.

Learning Activities

At ELC Care and Holiday Program we occasionally use face paint, coloured hairspray and stick on tattoos as part of the learning activities. You will be notified on the day if this activity is happening. On occasions a movie might be shown that is rated PG. Staff will notify you on the day if a PG movie will be shown.

Please indicate by circling yes or no below to give permission for the following:

Activity	Permission
Coloured hairspray	Yes No
Stick on tattoos	Yes No
Face paint	Yes No
PG Movie	Yes No

To: Holy Family ELC Attention: _____ (ELC Care Coordinator)

As Parent/Carer of _____ (please print Full Name)

I, _____, give consent for my child to participate the above mentioned activities.

Medical Consent

I agree to allow the Authorised Supervisor involved in Holy Family ELC Holiday Program to take whatever disciplinary action she deems necessary to ensure the safety, well-being and successful conduct of the students as a group, or individually. I also give permission for the Authorised Supervisor to obtain medical assistance which she deems necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the student listed below. I further authorise qualified practitioners to administer anaesthetic if such an event arises. Specific medical requirements or other needs relevant to my child have been given to ELC Care staff.

To: Holy Family ELC Attention: _____ (ELC Care Coordinator)

As Parent/Carer of _____ (please print Christian name &

Surname) I, _____, give consent for my child to participate the above mentioned activities and the staff to seek medical assistance if necessary.

Medical Condition (e.g. allergies, asthma)	Treatment Plan



ELC Care National Botanical Gardens Excursion
Wednesday 27th September 2017

ELC Care Holiday Program is going to the National Botanical Gardens at Clunies Ross Street Acton ACT 2601. We will be travelling by ACTION bus (departure and arrival times will be advised closer to the day).

Please sign below to give permission for your child to travel by ACTION Bus and participate at National Botanical Gardens.

A risk assessment for this excursion has been developed and can be seen if requested. As per our risk assessment our staffing ratio for this excursion is 1:8.

To: Holy Family ELC Attention: _____ (ELC Care Coordinator)

As Parent/Carer of _____ (please print Christian name &

Surname) I, _____, give consent for my child to participate in the ELC Care National Botanical Gardens Excursion.

I agree to delegate my authority to staff and the instructors involved. Such teachers and instructors may take whatever disciplinary action they seem necessary to ensure the safety, well-being and successful conduct of the students as a group, or individually, in the above mentioned activity. I also authorise the teachers and instructors to obtain medical assistance which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student. I further authorise qualified practitioners to administer anaesthetic if such an event arises. Listed below are specific medical requirements or other needs relevant to my child participating in the excursion.

Medical Condition (e.g. allergies, asthma)	Treatment Plan



ELC Care Limelight Cinemas Excursion
Thursday 5th October 2017
'CAPTIAN UNDERPANTS'

ELC Care Holiday Program is going to the Limelight Cinemas Tuggeranong, Shop M506, Tuggeranong Hyperdome, 152 Anketell Street, Greenway ACT 2900.

We will be travelling by ACTION bus (departure and arrival times will be advised closer to the day).

Please sign below to give permission for your child to travel by ACTION Bus and participate at Limelight Cinemas Tuggeranong.

A risk assessment for this excursion has been developed and can be seen if requested. As per our risk assessment our staffing ratio for this excursion is 1:8.

To: Holy Family ELC Attention: _____ (ELC Care Coordinator)

As Parent/Carer of _____ (please print Christian name &

Surname) I, _____, give consent for my child to participate in the ELC Care Limelight Cinemas Excursion.

I agree to delegate my authority to staff and the instructors involved. Such teachers and instructors may take whatever disciplinary action they seem necessary to ensure the safety, well-being and successful conduct of the students as a group, or individually, in the above mentioned activity. I also authorise the teachers and instructors to obtain medical assistance which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student. I further authorise qualified practitioners to administer anaesthetic if such an event arises. Listed below are specific medical requirements or other needs relevant to my child participating in the excursion.

Medical Condition (e.g. allergies, asthma)	Treatment Plan