



Holy Family ELC Before and After School Care

School Holiday Program July 2017

Wednesday 31st May 2017

Dear Parents,

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 preschool to Year 1 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 day for Preschool, Kinder and Year 1 children. The cost is due to the ratios required by the Australian Children's Education and Care Quality Authority (ACECQA) of qualified staff to children and directives from the Catholic Education Office. 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 16th

June – Week 8 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 the ELC Before and After School Care program or COOSH. Full payment of the Holiday program is due by Monday 3rd April, Week 10.

Regards,

The Holy Family ELC Before School and After School Care Team

I, (parent name) would like to enroll my child/children into the ELC Care July 2017 School Holiday Program. My child/children will attend the following days:

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

into the ELC Care April 2017 School Holiday Program. My child/ren will attend the following days:

Week 1

Monday 3 July

Tuesday 4 July

Wednesday 5 July

Thursday 6 July

Friday 7 July

Week 2

Monday 10 July

Tuesday 11 July

Wednesday 12 July

Thursday 13 July

Friday 14 July

By completing this enrolment form I agree to:

- Have read the ELC Before and After School Care Parent Handbook and understand and accept all of the terms and conditions.
- Have no outstanding debt with ELC Before and After School Care or COOSH.
- Will pay the full cost of the School Holiday Program up front by 16th June 2017.
- Give permission for Holy Family ELC Before and After School Care 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:



Holy Family ELC

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elcc.holyfamily@cg.catholic.edu.au

Cnr Castleton Cres & Bugden Ave

Gowrie ACT 2904

www.holyfamily.act.edu.au/earlylearningcentre/



ELC Care Ten pin Bowling Excursion

Tuesday 4th July 2017

ELC Care Holiday Program is going ten pin bowling at AMF Bowling Tuggeranong at 76 Cowlshaw Street Greenway ACT 2900.

We will be travelling by ACTION bus, departing school at 10.00am and returning at 12.00 noon.

Please sign below to give permission for your child to travel by ACTION Bus and participate in ten pin bowling activity.

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.

In signing you agree to delegate your authority to staff and the instructors involved. 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. 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 in the ELC Care Ten Pin Bowling excursion on Tuesday 4th July 2017.

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 anesthetic 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

(Attach further details if necessary)

Signature of Parent/Carer: _____

Emergency Contact Number: _____



ELC Care Limelight Cinemas Excursion

Thursday 6th July 2017

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.

In signing you agree to delegate your authority to staff and the instructors involved. 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. 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 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

(Attach further details if necessary)

Signature of Parent/Carer: _____

Emergency Contact Number: _____



ELC Care Inflatable World Excursion

Tuesday 11th July 2017

ELC Care Holiday Program is going to Inflatable World, at 6 Jenke Circuit, Kambah ACT 2902
We will be travelling by ACTION bus, departing school at 10.00am and returning at 12.30 pm.

Please sign below to give permission for your child to travel by ACTION Bus and participate at Inflatable World.

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.

In signing you agree to delegate your authority to staff and the instructors involved. 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. 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 in the ELC Care Inflatable World 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 anesthetic 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

(Attach further details if necessary)

Signature of Parent/Carer: _____

Emergency Contact Number: _____



ELC Care MKR Cooking Day local excursion

Wednesday 12th July 2017

ELC Care Holiday Program is going to Gowrie True Local Supermarket, Jeffries Street Gowrie ACT 2904.

All children and staff will walk from ELC care to Gowrie Supermarket.

Please sign below to give permission for your child to walk to Gowrie Supermarket and participate in purchasing food items for cooking activities.

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.

In signing you agree to delegate your authority to staff and the instructors involved. 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. 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 in the ELC Care Gowrie Supermarket 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 anesthetic 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

(Attach further details if necessary)

Signature of Parent/Carer: _____

Emergency Contact Number: _____



ELC Care National Zoo and Aquarium Excursion

Thursday 13th July 2017

ELC Care Holiday Program is going to the National Zoo and Aquarium at 999,999 Lady Denman Dr, Yarralumla ACT 2611
We will be travelling by ACTION bus, departing school at 10.30am and returning at 2.30 pm.

Please sign below to give permission for your child to travel by ACTION Bus and participate at the National Zoo and Aquarium.

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.

In signing you agree to delegate your authority to staff and the instructors involved. 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. 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 in the ELC Care National Zoo and Aquarium 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

(Attach further details if necessary)

Signature of Parent/Carer: _____

Emergency Contact Number: _____