

Dear Parents

We would like to advise you that we need to receive your Enrolments Forms by the **10th of September**. Enrolments after this date will be subject to availability and be charged as casual bookings.

Your child will need for Vacation Care:

- Sun safe clothing, closed in shoes, water bottle, morning tea and a healthy lunch (afternoon tea is provided). Please avoid packing lollies, chocolates and other similar items.
- Bikes, Scooters and Skates will only be available to ride on the dedicated day **Monday 27th of September**. Please ensure children bring safety equipment (helmets, appropriate safety pads) and are wearing enclosed shoes.
- Devices are welcome but they will only be available on the dedicated Device day held on **Friday 1st October 2021**. Make sure it has a case for safety and that names are clearly labelled. We do not take any responsibility for loss or damages.
- Please complete and return the Dental2You permission forms before **Thursday 30 September 2021**.
- ***On dates of excursions, unless otherwise stated, please ensure your child/ren is dropped off at OSHC by 8.30am to ensure prompt departure.***

Any other questions in regards to the program and booking, please do not hesitate to contact us.

Kind Regards

Lara Miller



Vacation Care Booking Form – September/October 2021

Child Name: _____

| | | | | |
|---|--|--|---|---|
| Monday 20th September | Tuesday 21st September | Wednesday 22nd September | Thursday 23rd September | Friday 24th September |
| Yes / NO | Yes / NO | Yes / NO | Yes / NO | Yes / NO |
| Monday 27th September | Tuesday 28th September | Wednesday 29th September | Thursday 30th September | Friday 1st October |
| Yes/NO | Yes / NO | Yes / NO | Yes / NO | Yes/NO |

- Cancellations will be charged as an absent as per our Centre Policy
- Late fees apply for any pick up after 6:00pm for \$25per 15 minutes or part thereof per family.

I give permission for staff to take photos during Vacation care of my child to display within the centre only.

Parent Name:

Contact Phone Number:

Signature:

Date: