



3 Weeks Winter Holiday Dates-01/07/24 to 19/07/24 (inclusive)

TIMES: 700am to 6:30pm

COSTS: \$30.00 Family Registration for each Holiday program
\$80.00 daily booking (7am–6.30pm) plus Family registration fee.

Please note– There is a \$20 cancellation fee

**** PAYMENT IS REQUIRED ONE WEEK IN ADVANCE PLEASE**

VENUE: Oxford Falls Grammar 1078 Oxford Falls Rd, Oxford Falls 2100

TO BOOK: Download a program from the school website and click on After School Care under 'Our Community'. Registration & Booking Forms can also be collected from the Before & After School Care Centre or the school office before the end of term.

Please address with payment to:

June Scifo
Coordinator
OFG Vacation Care
1078 Oxford Falls Road
Oxfords Falls NSW 2100

BOOK EARLY!
m) 0410 489 192
E-mail: scifojune@gmail.com

Programmed venues are subject to change dependent upon numbers and weather.

Oxford Falls Grammar Vacation Care



Vacation Care - Information

WHAT TO BRING TO VACATION CARE

Please bring morning tea, lunch, afternoon tea and drink, preferably water (with a screw top lid) for refilling. Please provide enough nutritious food and drink for your child for the whole day - **NO NUTELLA, PEANUT BUTTER or NUTS**. Some examples of nutritious food and drink to send with your child are: *Cheese and Crackers *celery,cucumber,carrot sticks *yoghurt and fruit *Cheese and salad sandwiches *Chicken and lettuce sandwiches, and **WATER**

Due to increased numbers of children with life threatening allergies to **PEANUTS** we request your co-operation by **not sending peanut butter or nuts to Vacation Care with your child**.

Children should only bring spending money on excursion days if desired but please limit the amount to no more than \$10.00. Note that it is at the discretion of the Centre staff whether or not your child will be allowed to purchase items on excursions. Most excursion destinations are now cashless.

Please leave all toys and precious items at home (including mobile phones) as they may be lost or broken. No responsibility will be accepted for children's property brought to the centre.

Children are able to bring their bikes, blades, skates, skateboards and scooters, with a proviso that: **HELMETS must be brought and worn and closed in shoes be worn for all wheel activities at all times when riding.**

WHAT TO WEAR TO VACATION CARE

Sun hat and sunscreen - **NO Hat NO outdoor play!** Parents, at your discretion, please apply sunscreen to your child every day before dropping them to Vacation Care.

Ensure children wear suitable clothing and closed in runners (NO thongs), and a **MUST** - short or long sleeves and a jumper for late afternoons and a suitable backpack with straps which fit over the child's shoulders and zippers in working order.

GENERAL INFORMATION

The Vacation Care Centre provides supervised educational care and structured recreational activities for children aged 5 to 13 years, with two groups formed into ages 5-8 years and 9-13 years.

The Vacation Care Centre offers an array of exciting activities including excursions, incursions, art and crafts, sports, games and drama in a fully supervised recreational environment. The Centre is set up to cater for daily or weekly bookings. Weekly payment in advance is requested please.

It is the aim of the Centre to provide a high standard of care in our Vacation Care Centre with a maximum ratio of supervisors to children 1:10 on excursion and 1:15 in the Centre.

Therefore the Centre agrees to:-

- Establish Centre rules for the safety and well being of all children and staff.
- Staff will communicate with parents regarding child's behaviour management.
- **Consistent disregard of rules however (3 warnings given) will result in the child's exclusion from the program for a day.**
- **We will be responsible for the care of the child from the time the child is signed in by the parent at the Centre.**
- **Allow access to the child only to persons nominated on the Registration Form.**
- Employ Centre staff until 6.30pm.

For Quality Care to be maintained, parents/guardians are required to:-

- Complete all Registration and Authorisation details making any bookings, especially asthma care.
- Advise staff at the Centre in writing of any changes to Registration Information.
- Include on the Registration form, details of any special needs, disabilities or family circumstances which may affect the child whilst in care.
- Inform Centre staff in writing if a child is taking medication. Medication is to be surrendered to Centre staff for safety reasons. It must be in its original container & display the child's name



Oxford Falls Grammar Vacation Care Information Continued

- Medication must be within the 'use-by' date. The dosage administered will be in accordance with instructions on the container. (Only prescription medications will be administered).
- Prescription medications must be prescribed by a doctor.
- PLEASE digitally SIGN in and out when the child is DELIVERED AND COLLECTED from the Centre

Bus excursions leave the Centre no later than 9.45am and return to the Centre no earlier than 3.00pm except in the event of rain.

Please give notice in writing to the Centre staff if your child is to be collected by anyone not authorised to do so on the registration form.

Please collect your child by 6.30pm. Collection after this time will incur a late fee of \$10 for each half hour after that time.

Use the Message Book which will be located next to the roll for parents and staff to communicate matters of concern or email June on scifojune@gmail.com

Please allow for art and craft activities and allow the children to be dressed in casual clothes. (We take all care with art shirts, but staining does sometimes occur).

Adhere to the Centre Rules for the safety and well being of all children and staff. Constant disregard of these Rules may result in exclusion from the program for a day following consultation with Centre staff and parents.

Phone the Centre on mobile 0410 489 192 to let Staff know if the child is unable to attend on a booked day.

Centre takes no responsibility for damaged, lost or stolen belongings during the program. For that reason, we encourage children not to bring valuable items to the Centre. These include collectibles and their games, mobile phones, chargers and laptops. They bring them at their own risk and they may be used ONLY in free time between organised activities.

Make sure that staff is notified of the child's swimming capability as children maybe attending the swim centre in the warmer months (where there are qualified lifeguards in attendance).

Swimming permission slip must be signed.

Please Note:

Department of Health regulations apply in relation to Immunization. Children not immunized are to be excluded for the duration of an outbreak of an Immunization preventable disease.

Information on time of departure for Excursions, special needs for the day or late changes to the program (due to weather) are displayed at the Centre during opening hours.

Parent/Guardians are responsible for ensuring they have all information required.

Your acceptance of these conditions is acknowledged by your signature on the Registration form.

Please direct any inquiries regarding these conditions to the Vacation Care Coordinator on
(m) 0410489192
(e) scifojune@gmail.com

Vacation Care Winter 2024- Booking Form

CITING RISK ASSESSMENTS FOR EXCURSIONS AND INCURSIONS

Parents Please sign to give Permission for excursions and incurSIONs.

I have cited and acknowledge the Excursion and IncurSION Risk Assessments to ensure the safety and support of my child/children.

I give permission for my child/ren to participate in excursions from the centre by mini-bus, car, train or ferry and incurSIONs held at the Centre.

Parents please sign - Signature of parent/guardian

Date ____/____/____

Permission to allow children to participate in all sporting activities and excursions, eg. rollerblading, ice skating, swimming, rock climbing, tennis, bowling, putt putt.

I give permission for my child/children to participate in sporting excursions & swimming.

Child's name _____ Fitness ability _____
Swimming ability _____

Child's name _____ Fitness ability _____
Swimming ability _____

Signature of parent/guardian _____

Date ____/____/____

Attendance (please circle which days your child/ren will attend)

Week 1 (01/07/24 to 05/07/24) Mon Tues Wed Thurs Fri

Week 2 (08/07/24 to 12/07/24) Mon Tues Wed Thurs Fri

Week 3 (15/07/24 to 19/07/24) Mon Tues Wed Thurs Fri

Payment by EFT weekly please in advance

Direct Deposit Details

BSB - 082132 Account - 530596905 Account Name - OFG Care

I agree with the terms stated on this information, registration and enrolment form (please sign to say that you agree).

Signature of parent/guardian

Date ____/____/____








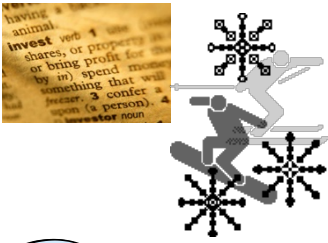
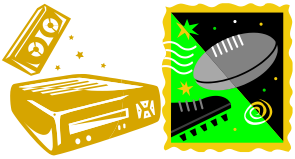






Oxford Falls Grammar Vacation Care

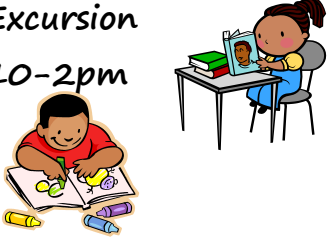



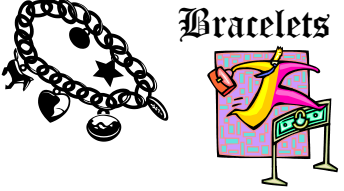


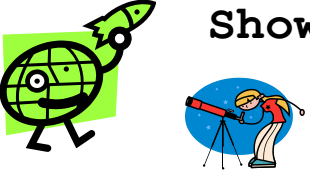
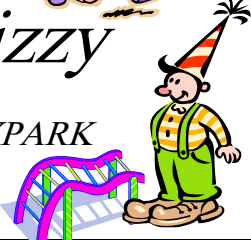


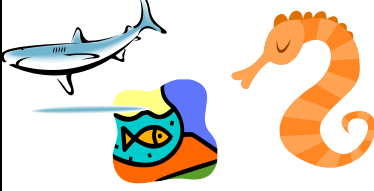

OXFORD FALLS GRAMMAR
vacation care

Winter 20124

Week 1






Dates- 01/07/24 to 05/07/24

<p>Monday 01/07</p>	<p>Putt Putt Golf Narrabeen</p> 	<p>Sausage sizzle at Mona Vale Park</p> 	<p>Clay & snow art</p> 
<p>Tuesday 02/07</p>	<p>Movies AND TREASURE hunt</p> 	<p>Frosty Snow Mummies</p> 	<p>Obstacle course</p> 
<p>Wednesday 03/07</p>	<p>Laser Warriors Laser Tag Incursion 10am-12 noon</p> 	<p>WINTER PICTIONARY</p> 	<p>Videos & TipRugby</p> 
<p>Thursday 04/07</p>	<p>IMAX 9.30am to 2pm Excursion At Darling Harbour</p> 	<p>Basketball</p> 	<p>Painting AND Craft Creations</p> 
<p>Friday 05/07 Surcharge \$10</p>	<p>LUNA PARK just for fun Excursion 9.30-2pm</p> 	<p>Winter Warmers cooking treats</p> 	<p>Soccer & masks</p> 

<p>Monday 08/07</p>	<p>AUSTRALIAN MUSEUM Excursion 10-2pm</p> 	 <p>CRAFT & WINTER SEWING</p>	 <p>Soccer COMP</p>
<p>Tuesday 09/07</p>	<p>Excursion 10-12.30pm</p>  <p>Zone Bowling</p>	<p>9D Cinema 1pm to 2pm</p>	<p>Friendship Bands & Charm Bracelets</p> 
<p>Wednesday 10/07</p>	<p>TENNIS</p> 	<p>Soccer</p> 	<p>Science Show</p> 
<p>Thursday 11/07</p>	<p>Wizzy World PLAYPARK</p> 	<p>Crazy clown games, Pantomime & Puppet shows</p> 	 <p>Cricket Match</p>
<p>Friday 12/07 Surcharge \$10</p>	<p>SEALIFE AQUARIUM DARLING HARBOUR</p> 	<p>Lunch at Darling Harbour playground</p>	 <p>Treasure Hunt & GAMES</p>

Winter 2024
 Week 3

Dates- 15/07/24 to 19/07/24

<p>Monday 15/07</p>	<p>Brookvale Indoor Rock Climbing</p> 	<p>Skate Competition</p> 	<p>..Videos & popcorn..</p> 
<p>Tuesday 16/07</p>	<p>SUPER AIR COMBAT MISSION Super Cody Incursion</p> 	<p>Lunch on the playground and games</p> 	<p>Beading Fun, Hama Beads & Friendship Charms</p> 
<p>Wednesday 17/07</p>	<p>Ice Skating</p> 	<p>Winter Fun & Games</p> 	<p>Basketball</p> 
<p>Thursday 18/07</p>	<p><i>Maritime</i> <i>Museum</i></p> 	<p>Lunch @ Darling Harbour</p> 	<p>Winter Cooking & Boat Craft</p> 
<p>Friday 19/07</p>	<p>TARONGA PARK ZOO</p> 	<p>Lunch at Park</p> 	<p>Winter Party</p> 
<p>School returns 22/07</p>			

Vacation Care Winter 2024 - Registration

Family Name _____

Children's Names:

1. _____ Gender _____ D.O.B. ____/____/____

2. _____ Gender _____ D.O.B. ____/____/____

3. _____ Gender _____ D.O.B. ____/____/____

Home Address _____

Parent/Guardian Information -

Name: _____ Name: _____

Home Address: _____ Home Address: _____

Place of employment: _____ Place of employment: _____

Contact No. (h) _____ Contact No. (h) _____
(w) _____ (w) _____
(m) _____ (m) _____
(e) _____ (e) _____

Medical Information -

Family Doctors name: _____ Ph. _____

Medicare No. _____

Please supply all medical history; (allergies, disabilities or current medication)

Has your child ever had asthma? *Please circle* Yes / No

**Oxford Falls Grammar Care is registered with the Asthma Foundation of NSW.
Asthma information is to be filled out on a separate form.
Please ask Coordinator for Asthma Action Plan.**

Medical Consent -

I hereby give permission for the staff at OFG Care to seek medical attention for the above child/ren in the case of an accident/emergency.

Signature of parent/guardian

Date

_____/_____/____

Oxford Falls Grammar Vacation Care