

Vacation Care

July 2020 School Holidays

**IMPORTANT INFORMATION**

*Hi Kids, Parents and Carers! KOOSH welcomes you to another exciting KOOSH vacation care programme.*

**KOOSH vacation care booking procedure:**

* Complete the attached booking form and return it to KOOSH to secure your booking (this will depend on availability of places). Booking forms can also be emailed to [KOOSH@belongbm.org.au](mailto:KOOSH@belongbm.org.au)
* Bookings cannot be accepted if fees are outstanding by more than 2 weeks
* Families must have a completed enrolment form, CWA, and provide copies of their immunisation history and birth certificate or passport, if they have not already done so.
* Bookings must be made 2 weeks before the end of term, or a late fee may apply.
* Vacation care bookings must be paid for in advance.

**Fees and Payment**

Full fees are $48 per day. If you are eligible for CCS (Child Care Subsidy), this will reduce the out-of-pocket fees you have to pay. The cost of excursions and in-centre special activities are in addition to the daily fee.

* Cancellations: Booked places must be paid for unless a minimum of 24 hours’ notice of cancellation is given.

To cancel bookings please ring 47 822533

* Late collection: For children collected after 6pm, a late fee of $20 per 5-minute increments, or part thereof, will be charged regardless of whether notification is given.

**What to Pack for your child:**

* Morning tea, Lunch, Afternoon tea and water.

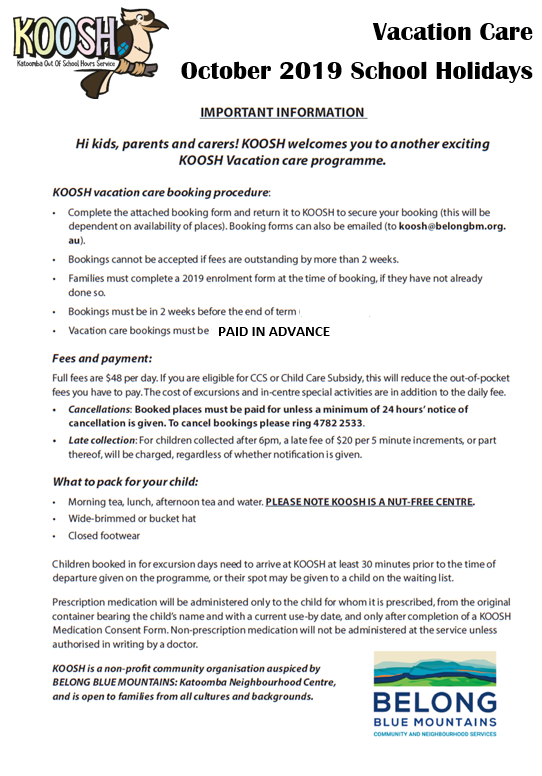
ENSURE YOUR CHILD HAS ENOUGH FOOD FOR THE WHOLE DAY!

* **PLEASE NO PEANUT BUTTER OR NUTELLA**

**THIS IS A NUT FREE CENTRE!**

* Wide brimmed or bucket hat
* Enclosed foot wear and shirt covering shoulders. We are a sun safe centre.

Children booked in for excursion days need to arrive at KOOSH at least 30 minutes prior to the time of departure given on the programme, or their spot may be given to a child on the waiting list.

Prescription medication will be administered only to the child for whom it is prescribed, for the original container bearing the child’s name and with a current use by date, and only after completion of a medication consent form. Non-prescription medication will not be administered at the service unless authorised in writing by a doctor

***KOOSH is a not for profit community organisation auspiced by BLUE MOUNTAINS: Katoomba Neighbourhood Centre, and is open to families from all cultures and backgrounds.***



**KOOSH Vacation Care Booking & Permission Form—July 2020**

Family Name of Child/ren: ..................................................................................................................................................................

Parent/Carer Contact Name: ............................................................................................................................................................

Phone: H) .............................................. M) ................................................................ W) ............................................................

Email:..........................................................................................................................................................................................................

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **WEEK 1: Monday July 6th- Friday July 10th** | | | | | | |
| Child’s Full Name: | Mon 6th July | | Tues 7th July | Wed 8th July | Thu 9th July | Fri 10th July |
| 1. |  | |  |  |  |  |
| 2. |  | |  |  |  |  |
| 3. |  | |  |  |  |  |
| **WEEK 2: Monday 13th July- Friday 17th July** | | | | | | | |
| Child’s Full Name: | | Mon 13th July | | Tue 14th July | Wed 15th July | Thu 16th July | Fri 17th July |
| 1. | |  | | A B |  |  |  |
| 2. | |  | | A B |  |  |  |
| 3. | |  | | A B |  |  |  |  |  |  |
| **PUPIL FREE DAY 20th July** | | | |  | | --- | | 1. | | 2. | | 3. | | | | | |  |  |  |

**Please list any allergies your child may have: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

IF ATTENDING EXCURSIONS, PLEASE COMPLETE THE FOLLOWING:

I ....................................................................................................................give permission for my child/ren

1. ................................................................... 2. …………………………………………………………….

3. ......................................................................

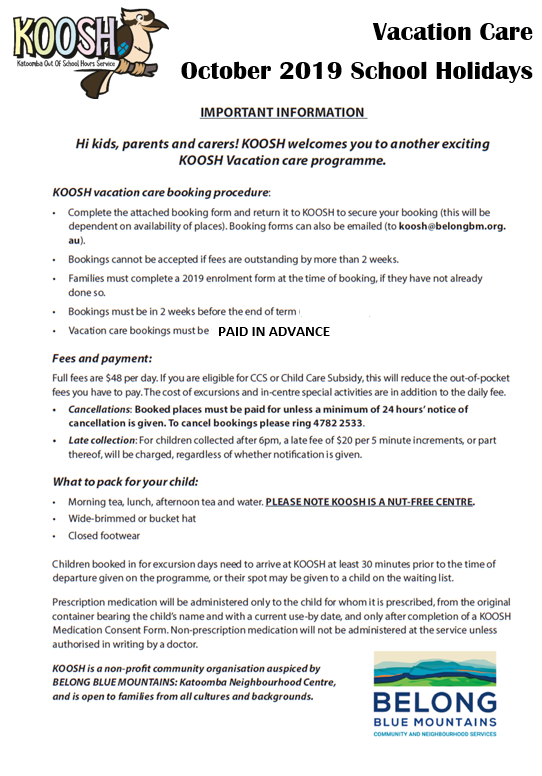
**TO ATTEND THE FOLLOWING EXCURSION/S:**

* Tuesday 7th July – The Edge Cinema—Walking. (Extra $18 per child) 
* Friday 17th July – Sydney Zoo—Bus. 

**Parent/Carer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_**

**WE ASK THAT BOOKINGS ARE MADE BEFORE THE SECOND LAST WEEK OF TERM.**

**A LATE BOOKING FEE OF $20 OCCURS IF BOOKINGS ARE LESS THAN 2 WEEKS PRIOR TO THE COMMENCEMENT OF VACATION CARE.**

**BOOKING FORM**

KOOSH ZOO DAY

Friday July 17th 2020

**Travel from KOOSH to Sydney ZOO by Charter Bus**

**Departing: 9.30am**

**Returning: 4.30pm**

**Cost: $48 vacation care fee + $35 extra for the day**

This covers staffing, bus costs, entry, t-shirt and water/snack for each child.

**What to wear/bring:**

As payment is due in advance, children will be given their KOOSH Zoo day shirts to wear on the day. They will need sun hats, sunscreen, and sensible shoes. Younger children will need to pack a change of clothes in case of accidents please. Children will be required to bring a water bottle, morning tea and lunch **PLEASE NO PEANUT BUTTER OR NUTELLA** and a small backpack to carry their items.

**NO devices phones or cameras please, we will take a camera to have photos of the animals and children which will be available for you on usb.**

To secure your child’s spot, payment will need to be made in advance by **Friday March 27th**.

Please return the slip below to KOOSH ASAP to book your spot!!

KOOSH ZOO DAY

Family Name of Child/ren: ..................................................................................................................................................................

Parent/Carer Contact Name: ............................................................................................................................................................

Phone: H) .............................................. M) ................................................................ W) ............................................................

Email:..........................................................................................................................................................................................................

|  |  |  |
| --- | --- | --- |
| **Child’s Full Name:** | **Shirt Size** | **Allergies/ medical conditions/ bus sickness?** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

**Parent/Carer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_**