Syndal South Primary School O.S.H.C
APRIL 2011- Holiday Program Guide

SSPS Holiday Program is a non-profit childcare organisation/service for children currently attending primary school. The School Holiday Program offers a range of activities, experiences and excursions appropriate for primary school aged children, including children with additional needs. Our program is Quality Assured by the National Childcare Accreditation Council.

MONDAY 11TH –THURSDAY 21ST APRIL 2011
Hours of operation NEW OPENING TIME 7:30am-6:30pm
A late fee of $5 per minute per child will be charged if child/ren are collected later than 6:30pm.

PROGRAM RESTRICTED TO 50 PLACES

ADMINISTRATION
Telephone: 03 9886-8483 Fax: 03 9886-1301 Email: ohsc.syndal.south.ps@edumail.vic.gov.au
Address: 14-16 Montgomery Ave, Mt Waverley Victoria 3149

What’s inside?
- Program calendar & activities
- Important information for families
- Enrolment/Booking Form/Excursion permission

BOOKED CARE
To ensure that a quality program can be planned appropriately in accordance with attendance levels, and staff child ratios, we operate a booked care enrolment system.

This means that families are charged for all booked days. In the event that families do not use their booked days due to changed holiday plans payment for the total booking still applies. Medical Certificates are not accepted.

ELIGIBILITY
According to government guidelines and the services priority of access policy, only children currently attending primary school or special school are eligible to attend SSPS Holiday Program.
- We accept bookings from children who don’t attend Syndal South Primary School from FRIDAY 18TH MARCH 2011 if places are still available.

ENROLMENT PROCEDURE
Please read the program guide carefully before completing an enrolment application.
We accept enrolment applications in person, by fax and by mail.
Telephone or verbal bookings cannot be accepted.
Payment for care is required with enrolment application.

APPLICATION CLOSING DATE FRIDAY 1ST APRIL 2011.
WE SUGGEST APPLICATIONS ARE RETURNED AS SOON AS POSSIBLE TO AVOID DISAPPOINTMENT.
A $5 BOOKING FEE PER DAY Applies IF BOOKING AFTER CLOSING DATE- IF PLACES AVAILABLE

ENROLMENT IS AVAILABLE FOR NON SYNDAL STH STUDENTS FROM FRIDAY 18TH MARCH 2010
INFORMATION FOR FAMILIES

1. ENROLMENT PROCEDURE
Check cancellation policy before making a booking.
Complete all sections of enrolment form.
Read all Information material enclosed.
Hand in/ fax or post your Enrolment application with payment to the O.S.H.C program.

2. ALLOCATION OF PLACES
Places will be allocated on a first in first served basis according to the priority of access guidelines from the Commonwealth Department of Family and Community Services, as follows.

Priority 1: SSPS students only from
Priority 2: Non SSPS students
Priority 1: Children at risk of abuse or neglect.
Priority 2:Families with recognised work or work-related commitments.
Priority 3: All other families.
To ensure a place on the days you require care, send your enrolment form in as soon as possible.

3. CANCELLATIONS
Payment is required for all booked days. Refunds will not be available for Cancellations after FRIDAY 1ST APRIL 2011.
To make a cancellation or alter a booking call the Coordinators on (03) 9886-8483.

CANCELLATION POLICY
#NEW CONDITION
#MEDICAL CERTIFICATES WILL NOT BE ACCEPTED FOR ALL PROGRAMS
The SSPS Holiday Program operates on a booked care system. All bookings are expected to be paid for in FULL BY THE DUE DATE, WITH NO REFUNDS AVAILABLE.
ALLBOOKINGS MUST BE CANCELLED BY CLOSING DATE TO RECEIEVE REFUND
CANCELLATIONS/NON ATTENDANCES DURING PROGRAM DO NOT RECEIVE A REFUND
After FRIDAY 1ST APRIL 2011 any changes to bookings or cancellations will be charged at the regular daily fee less CCB unless a family from the waiting list can fill the position.
To avoid incurring this fee please ensure that ALL leave arrangements, family holidays and appointments etc are all in order as none of these instances warrant a waiving of the cancellation fee. A copy of the policy is available from the parents policy folder on site.

4. CHILD CARE BENEFIT (CCB)
If claiming CCB for the 1st time contact the Family Assistance Office Ph.136 150
you will need Ref no. 406-960-473B
If already registered please issue the program with the child/rens and parents CRN Numbers and birth dates to access the online system, and receive benefit.

5. CALCULATING YOUR FEES & CCB
The following information is provided to help you calculate your fees.
There are 3 ways to calculate your fees:
1. Look at your previous account statements.
2. Manual calculation
   For each child and each week, complete the following steps
   a. Add up the total fee for the week, ($42.00 per child per day)
   b. Calculate the Child Care Benefit. Using the following sum
      ($3.47 x (eligible hours x CCB%))
      SSPS Holiday Program operates for 11.25hrs per day
calculate according to your care needs note your FAQ letter will indicate your limit 24hrs or 50 hrs per week.
   For CCB% refer to your letter from the Family Assistance Office or contact them for your percentage.
   3. Ask the coordinator to calculate it.

6. FEE PAYMENT
Fees can be paid by the following methods:
-Complete credit card slip & include with enrolment application.
-Pay by cheque & include with enrolment application.
-Pay by cash at the O.S.H.C program. Please have exact money available.

7. CONFIRMATION OF ENROLMENT
No confirmation letter is sent.
You will only receive notification if places you require are NOT available. If places are Not available you will be put on the waiting list and notified by phone as soon as a place becomes available.
Or we can advise you of other programs in the area.

8. FEE SCHEDULE
7.15am-6.30pm DAILY COST $46 per child per day
PLUS ACTIVITY COST SEE BOOKING SHEET
Late pick up fee $5.00 per min after 6.30pm
Late booking fee $5.00 if booked after closing date if places available

9. BEHAVIOUR MANAGEMENT
SSPS Holiday Program staff will work with families to positively guide children’s behaviour at the service. Our behaviour management policy (available in parent hand book) combines positive reinforcement of good behaviour and the relevant consequences for inappropriate behaviour.
We do, however, reserve the right to cancel a child’s booking (in consultation with parents/guardians) when their behaviour continually threatens the positive & safe environment we create.

10. DROPPING OFF & COLLECTING OF CHILDREN
All children are required to be signed in by their parent/guardian when dropped off & signed out when collected at the end of each day.
Parents/guardians are required to inform any other people nominated to pick up their child/ren that the service will ask for ID if they are unfamiliar to them.

11. WHAT TO BRING / WEAR
All children must bring:
-Backpack-school bag is suitable
-A packed lunch.
-We have facilities to reheat food. We appreciate it being
   named & PLEASE check daily activities as some excursions
   require a packed lunch.
-Refillable drink bottle.
-Shoes & socks. - no thongs allowed
-Appropriate clothing should be worn for indoors and outdoors.
-Hat for sun smart periods-Term’s 1, 2 & 4
   includes holiday programs following each term.

NO BASEBALL CAPS

12. WHAT NOT TO BRING
Children are not permitted to use Nintendo DS, Ipod , Phone or any other personal game or music device in the program. If they are brought in, they will be taken and locked away for safe keeping and returned at the end of the day to the parent.

13. LOST PROPERTY
Please label your child’s clothing clearly & check the lost property box daily. We do not accept responsibility for the loss of children’s belongings during the program.

14. ANAPHALAXIS/Peanut Allergy
MANAGEMENT
No NUT PRODUCTS to be sent to the program, or you will be putting our children at risk of death.
Parent/Guardian must complete this form. Please complete ALL INFORMATION on this application in BLOCK LETTERS.

Centrelink Reference Number for this family _____________ - _______ ______ - _______ ______ ______

Child care benefit cannot be applied without this information

Parent’s (parent that has set up CCB) FULL NAME ___________________________________________ and DATE OF BIRTH ______/_____/_________ and DATE OF BIRTH ______/_____/_________

This enrolment application will not be processed unless a Centrelink Reference Number and date of birth is clearly indicated here. Call the Family Assistance office on 13 61 50 to get your number if you do not have it. If you DO NOT intend to claim Child Care Benefit as reduced fees, we will still need your Centrelink Reference Number to comply with government reporting requirements.

PARENT/GUARDIAN DETAILS (This must be the person whose reference number is listed above)

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Relationship to child:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Street address: Suburb: Post Code:  
Mobil Phone: Home Phone: Work Phone:  
D.O.B: E-mail:  
Is this person authorised to collect your Child/ren? YES NO Are you responsible for Payment? YES NO If no, please provide details of responsible person:

PARENT/GUARDIAN DETAILS

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Relationship to child:</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Street address: Suburb: Post Code:  
Mobile Phone: Home Phone: Work Phone:  
D.O.B: E-mail:  
Is this person authorised to collect your Child/ren? YES NO

ADDITIONAL ADULT CONTACT DETAILS (must be over 18 years old)

Please nominate 2 adults (other than Parent/Guardian listed above) to contact in case of emergency:

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Relationship to child</th>
</tr>
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<tbody>
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</tbody>
</table>

Mobile Phone: Home Phone: Work Phone:  
Is this person authorised to collect your Child/ren? YES NO

<table>
<thead>
<tr>
<th>Last Name:</th>
<th>First Name:</th>
<th>Relationship to child</th>
</tr>
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<tbody>
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</tbody>
</table>

Mobile Phone: Home Phone: Work Phone:  
Is this person authorised to collect your Child/ren? YES NO

BACKGROUND INFORMATION

Has your Child/ren attended SSPS Holiday Program Before? YES NO  
Are you an Aboriginal or Torres Strait Islander family? YES NO  
Do you give permission for your child/ren to be photographed during the program? YES NO  
Do you give your permission for your child/ren to watch PG rated movies under the supervision of staff at the program? YES/NO  
Are there any court orders that affect any of the children listed on this enrolment application (please attach)? YES / NO What is the primary language spoken at home?

CHILD CARE BENEFIT (please tick)

I would like to claim Child Care Benefit (CCB) as reduced fees/I have issued the program with reference numbers and birth dates. ☐ I do not want to claim Child Care Benefit. ☐

PRIVACY

SSPS holiday program is collecting this information for the purpose of registering your child. The information will be used for administration purposes & to contact you in the event of an emergency, but will not be disclosed to any other party except as required by law. If you fail to provide this information, the registration may not be processed.
CONFIDENTIAL CHILD/REN DETAILS

Child’s name(1):  
Child’s name(2):  
CHILDS CRN:  
CHILDS CRN:  
Date of Birth:  
Date of Birth:  
Year Level:  
Year Level:  
Male/Female  
Male/Female  
Allergy to bandaids:  
Allergy to bandaids:  
YES/NO  
YES/NO  
Allergy to elastoplasts:  
Allergy to elastoplasts:  
YES/NO  
YES/NO  
Asthma:  
Asthma:  
YES/NO  
YES/NO  
Medical condition:  
Medical condition:  
YES/NO  
YES/NO  
Medication:  
Medication:  
YES/NO  
YES/NO  
If yes fill out medication form  
If yes fill out medication form  
Does your child have any additional or special needs that we need to be aware of?  
Does your child have any additional or special needs that we need to be aware of?  
YES/NO  
YES/NO  
Please clarify………………………………………………………………………………………………………………………
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Additional information about your child:  
Additional information about your child:  
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BOOKING INFORMATION

Please circle the days you would like your children to attend the holiday program.

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<thead>
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<th></th>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THUR</th>
<th>FRI</th>
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<tbody>
<tr>
<td>CHILD 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WK1</td>
<td>11/4</td>
<td>12/4</td>
<td>13/4</td>
<td>14/4</td>
<td>15/4</td>
<td></td>
</tr>
<tr>
<td>Cost</td>
<td>$50</td>
<td>$54</td>
<td>$49</td>
<td>$54</td>
<td>$49</td>
<td>$50</td>
</tr>
<tr>
<td>WK 1</td>
<td>18/4</td>
<td>19/4</td>
<td>20/4</td>
<td>21/4</td>
<td>22/4</td>
<td></td>
</tr>
<tr>
<td>Cost</td>
<td>$52</td>
<td>$49</td>
<td>$50</td>
<td>$49</td>
<td>N/A</td>
<td>$52</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
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<tbody>
<tr>
<td>CHILD 2</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>WK1</td>
<td>11/4</td>
<td>12/4</td>
<td>13/4</td>
<td>14/4</td>
<td>15/4</td>
<td></td>
</tr>
<tr>
<td>Cost</td>
<td>$50</td>
<td>$54</td>
<td>$49</td>
<td>$54</td>
<td>$49</td>
<td>$49</td>
</tr>
<tr>
<td>WK1</td>
<td>18/4</td>
<td>19/4</td>
<td>20/4</td>
<td>21/4</td>
<td>22/4</td>
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<tr>
<td>Cost</td>
<td>$52</td>
<td>$49</td>
<td>$50</td>
<td>$49</td>
<td>N/A</td>
<td>$52</td>
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PARENT / GUARDIAN DECLARATION

I (the undersigned parent/guardian of the above named child/ren) agree to allow the above named child/ren to participate in the SSPS holiday program, & authorise the staff to take the above named child/ren on excursions. I agree to indemnify & keep indemnified & to hold Syndal South Primary School, its employees (hereinafter referred to as the said parties) from & against all actions, costs, claims, whatsoever which the above named child/ren & I may have against them or any of them arising out of or in relation to the Holiday Program, other than where negligence attaches to them. I authorise the said parties to administer or cause to be administered such as medical & like treatment that they consider is needed for the welfare of the above named child/ren, provided that such person is otherwise legally able to administer such treatment. I further agree to hold the said parties harmless for any such medical treatments sought for the above named child & that I will be totally responsible for the costs of such treatment. I agree to pay for all of the days my child is successfully enrolled, regardless of whether my child actually attends, this includes changed holiday plans/time off work and children’s events. I understand that the SSPS holiday program takes no responsibility for any lost or misplaced toys, game consoles and games or clothing. They are my child/ren’s responsibility.

Date:……………………………….

Parent/guardian’s printed name:…………………………………………………………………………………

Parent/guardian’s signature:………………………………………………………………………………….
APRIL 2011 DAILY ACTIVITY SCHEDULE & INFORMATION.

WEEK ONE

MONDAY 11TH APRIL 2011    We accept NUT FREE lunches that need to be heated today

AM    WOODEN ROCKETS AND PLASTERCINE CREATIONS TO MAKE AND TAKE HOME
PM    MAGIC SHOW

IMPORTANT INFORMATION OR NEEDED ITEMS FOR THE DAY
Appropriate clothing for indoor and outdoor play (closed toed shoes/ hat)
DRINK BOTTLE AND HAT NEEDED

TUESDAY 12TH APRIL 2011    NO HOT LUNCHES OR LUNCH ORDERS

AM    MELBOURNE MUSEUM- TUTANKHAMEN EXHIBITION/IMAX MOVIE
PM    EGYPTION ACTIVITIES

IMPORTANT INFORMATION OR NEEDED ITEMS FOR THE DAY
Appropriate clothing for indoor and outdoor play (closed toed shoes/ hat)
DRINK BOTTLE AND HAT NEEDED

WEDNESDAY 13TH APRIL 2011    NO HOT LUNCHES TODAY

AM    COOKING RASPBERRY AND MUD CAKE MUFFINS
      DESIGN YOUR FRONT COVER OF YOUR COOK BOOK
PM    CREATE YOUR OWN COOKBOOK AND YOUR OWN OVEN MIT TO TAKE HOME

PLEASE BRING A COPY OF YOUR FAVORITE RECIPE TO SHARE FOR OUR COOK BOOK

IMPORTANT INFORMATION OR NEEDED ITEMS FOR THE DAY
Appropriate clothing for indoor and outdoor play (closed toed shoes/ hat)
DRINK BOTTLE AND HAT NEEDED. Bring Bike, Scooters etc and helmet.

THURSDAY 14TH APRIL 2011    We accept NUT FREE lunches that need to be heated today.

AM    MAROONDAH ADVENTURE GOLF PARK
PM    TECHIE AFTERNOON-COMPUTERS/NINTENDO/MUSIC/DVD

IMPORTANT INFORMATION OR NEEDED ITEMS FOR THE DAY
Appropriate clothing for indoor and outdoor play (closed toed shoes/ hat)
DRINK BOTTLE AND HAT NEEDED

FRIDAY 15TH APRIL 2011    We accept NUT FREE lunches that need to be heated today.

AM    GAMES CLINIC WITH MR D
PM    DESIGN YOUR OWN PILLOW/CUSHION TO TAKE HOME

IMPORTANT INFORMATION OR NEEDED ITEMS FOR THE DAY
Appropriate clothing for indoor and outdoor play (closed toed shoes/ hat)
DRINK BOTTLE AND HAT NEEDED.
WEEK TWO

MONDAY 18TH APRIL 2011  NO HOT LUNCHES OR LUNCH ORDERS
AM CHADSTONE AMF BOWLING
  DEPARTING: 930AM  RETURNING: 1PM
  TRAVELLING BY BUS
PM WHEELS AFTERNOON- BRING YOUR BIKES SCOOTERS SKATE BOARDS
  ROLLERBLADES ETC AND YOU HELMET

IMPORTANT INFORMATION OR NEEDED ITEMS FOR THE DAY
NO HELMET NO PLAY
Appropriate clothing for indoor and outdoor play (closed toed shoes/ hat)
DRINK BOTTLE AND HAT NEEDED

TUESDAY 19TH APRIL 2011  We accept NUT FREE lunches that need to be heated today
AM GARDENING: DECORATE YOUR OWN BIRD FEEDER TO TAKE HOME
  DECORATE POT PLANT AND PLANT SOME SEEDS
PM GAMES SESSION WITH MR D

IMPORTANT INFORMATION OR NEEDED ITEMS FOR THE DAY
Appropriate clothing for indoor and outdoor play (closed toed shoes/ coat/)
DRINK BOTTLE AND HAT NEEDED

WEDNESDAY 20TH APRIL 2011  NO HOT LUNCHES OR LUNCH ORDERS
AM PINEWOOD CINEMA
  WALKING TO AND FROM THE EXCURSION
  SNACK PACK INCLUDED FOR EVERY CHILD
PM BE AN ARTIST FOR THE AFTERNOON
  LARGE CANVAS ART- JOIN IN CREATING 2 HUGE ART PIECES

IMPORTANT INFORMATION OR NEEDED ITEMS FOR THE DAY
Appropriate clothing for indoor and outdoor play (closed toed shoes/ hat)
DRINK BOTTLE AND HAT NEEDED

THURSDAY 21ST APRIL 2011  We accept NUT FREE lunches that need to be heated today
AM DECORATE WOODEN EGGS AND EASTER BUNNIES AND BASKETS FOR THE HUNT
PM EASTER THEMED COOKING AND EASTER EGG HUNT

IMPORTANT INFORMATION OR NEEDED ITEMS FOR THE DAY
Appropriate clothing for indoor and outdoor play (closed toed shoes/ hat)
DRINK BOTTLE AND HAT NEEDED

FRIDAY 22ND APRIL 2011
NO PROGRAM/
PROGRAM CLOSED
GOOD FRIDAY
PUBLIC HOLIDAY
Syndal South Primary School Holiday Program
April 2011

EXCURSION PERMISSION SLIP
MUST BE RETURNED FOR CHILD TO ATTEND

This form is to ensure we comply with legally binding Regulations
All children require this form to attend any excursions.
Please note we provide a 1:10 staff to child ratio during excursions.

<table>
<thead>
<tr>
<th>DATE</th>
<th>VENUE &amp; ADDRESS</th>
<th>TIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>20/4/11</td>
<td>Pinewood Cinema</td>
<td>Depart 9am</td>
</tr>
<tr>
<td></td>
<td>Pinewood shopping centre</td>
<td>Return 130pm</td>
</tr>
<tr>
<td></td>
<td>Walking via reserve (we don’t use Blackburn rd)</td>
<td></td>
</tr>
<tr>
<td>18/4/11</td>
<td>Chadstone AMF Bowling</td>
<td>Depart 930am</td>
</tr>
<tr>
<td></td>
<td>Chadstone shopping centre</td>
<td>Return 1pm</td>
</tr>
<tr>
<td>12/4/11</td>
<td>Melbourne Museum</td>
<td>Depart 9am</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Return 330pm</td>
</tr>
<tr>
<td>14/4/11</td>
<td>Maroondah Adventure Golf Park</td>
<td>Depart: 930am</td>
</tr>
<tr>
<td></td>
<td>Maroondah Hwy, Chirnside Park</td>
<td>Return:1pm</td>
</tr>
</tbody>
</table>

I (the undersigned parent/guardian of the below named child/ren) agree to allow the below named child/ren to participate in the SSPS holiday program, & authorise the staff to take the above named child/ren on excursions. I agree to indemnify & keep indemnified & to hold Syndal South Primary School, it employees (hereinafter referred to as the said parties) from & against all actions, costs, claims, whatsoever which the above named child/ren & I may have against them or any of them arising out of or in relation to the Holiday Program, other than where negligence attaches to them.

I authorise the said parties to administer or cause to be administered such as medical & like treatment that they consider is needed for the welfare of the above named child/ren, provided that such person is otherwise legally able to administer such treatment. I further agree to hold the said parties harmless for any such medical treatments sought for the above named child & that I will be totally responsible for the costs of such treatment.

Date:........................................

Childs name/s:.......................................................... ..........................................................

Parent/guardian’s printed name:..........................................................
IMPORTANT INFORMATION FOR ALL HOLIDAY PROGRAM FAMILIES.

NEW OPENING TIME OF 7:30AM

NEW CANCELLATION/REFUND CONDITIONS
Refunds only apply when cancelling bookings before the booking close date: Friday 1st April 2011
- Medical Certificates NO LONGER accepted

SAFETY CONCERN
Ensure children have appropriate footwear; please no thongs or party shoes. Sneakers preferred.

Thank you for your understanding
Oshc Committee and Team