




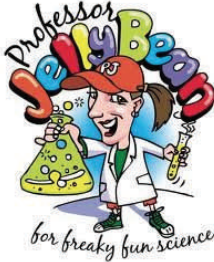



# Nerang PCYC Coomera Rivers SS

**VACATION CARE : April 2011**

▶ **Opening Hours:**  
06:00am – 06:00pm

**Cost:**  
\$47.00 per day (iDebit families)  
\$50.00 per day (NON-iDebit families)

Friday 15th April	Monday 18th April	Tuesday 19th April	Wednesday 20th April	Thursday 21st April	Friday 22nd April
In Club	Excursion	In Club	Incursion	In Club	<i>Public Holiday</i>
<b>Scavenger Hunt</b>	<b>AbraKIDazzle</b>	<b>Wheels Day</b>	<b>Professor Jelly Bean</b>	<b>Easter Egg Hunt &amp; Craft</b>	
Children will be grouped into teams to find different items, places or locations inside the school grounds. 	Today we will be going to a 3 level indoor Playground <i>ALL children must wear socks in the Playground</i>  <b>Please wear GREEN t-shirt excursion days</b>	Bring your bikes, scooters, skateboards, rip sticks to ride around the school <b>DON'T FORGET YOUR HELMET!</b> 	For Freaky Fun Science Experience the most amazing hands-on experiments  <i>for freaky fun science</i>	The children will make baskets to use in an Easter egg hunt around the school grounds. Then we will decorate eggs to take home for Easter. 	

**Sun Safety:**  
If your children wish to play outside they must wear a hat.

**Excursions:**  
All excursions must be accompanied with an excursion permission form. Children must arrive at 8:30am on excursion days

**Bookings:**  
Please complete booking form (attached) and return it to OSHC, Coomera Rivers State School ASAP with full payment.

Coomera Rivers State School  
Finnegan Way  
Coomera, QLD 4209

**Phone:** 0429 420 970  
**Fax:** (07) 55 965 184  
**E-mail:** Soraya.Moon@pcyc.org.au

Children must bring a **hat, refillable water bottle** and sufficient quantity of **lunch** each day, no meals will be provided during vacation care.  
**Personal Belongings:** children may bring their own DS consoles and games however PCYC take no responsibility for lost or damaged items.

Mobile phones and cameras are not allowed.

Full payment must be made at the time of booking. We do not give refunds on days booked.



# Vacation Care Booking Sheet

## April 2011

Surname: \_\_\_\_\_

Child 1: \_\_\_\_\_ PCYC M'SHP \_\_\_\_\_  
 Child 2: \_\_\_\_\_ PCYC M'SHP \_\_\_\_\_  
 Child 3: \_\_\_\_\_ PCYC M'SHP \_\_\_\_\_  
 Child 4: \_\_\_\_\_ PCYC M'SHP \_\_\_\_\_

Parents,  
 Please place your Childs name in the blank box below. Only mark the days you require care, please choose carefully as we DO NOT give refunds for any days booked in.  
 Thank you

Friday 15th April	Monday 18th April	Tuesday 19th Aril	Wednesday 20th April	Thursday 21st April
In Club	Excursion	In Club	Incursion	In Club
<b>Scavenger Hunt</b>	<b>Abrakidazzle</b>	<b>Wheels Day</b>	<b>Professor Jelly Bean</b>	<b>Easter Egg Hunt &amp; Craft</b>
	All children must wear green t-shirt			

**OFFICE USE ONLY:**

Student free day @ \$ \_\_\_\_\_ per day X \_\_\_\_\_ children = \_\_\_\_\_

VAC days \_\_\_\_\_ @ \$ \_\_\_\_\_ per day X \_\_\_\_\_ children = \_\_\_\_\_

Total Paid: \$ \_\_\_\_\_ Staff Member: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**TOTAL:** \_\_\_\_\_



# QPCYWA Outside School Hours Care Excursion Permission



Private & Confidential

This form needs to be completed and signed by parents/guardian regarding excursions your child will be attending during the QPCYWA-NERANG Vacation Care Program.

Please ensure the information is accurate as this form accompanies the child while on excursion.

A form needs to be completed for **each child** and a copy of this can be returned to you at the time of booking for your reference.

**Please tick excursion your child will be attending:**

**FRIDAY 15<sup>TH</sup> APRIL – STUDENT FREE DAY  
MONDAY 18<sup>TH</sup> – 21<sup>ST</sup> APRIL SCHOOL  
HOLIDAYS**

Child's Name:

- **Children MUST wear GREEN Shirts, enclosed SHOES and a HAT on all excursions and require a SUN SAFE SHIRT for water excursions**
- **Children will be travelling by chartered buses OR PCYC Buses (equipped with seatbelts) and short amount of walking for all excursions.**

**Please Note. Staff :Child Ratio**

**Child Care Regulation 2003 Regulation 95 (1) (c)**  
For children who are at least school age = 1 adult:8 Children  
**During Swimming Excursions Regulation 93(2) (c)**  
For children who are at least school age = 1 adult: 5 children



**Excursion 1: MONDAY**  
Date: 18<sup>TH</sup> APRIL 2011

ABRAKIDAZZLE

## 2. Medication Permission

I authorize the staff member in charge of the Excursion to consent, where it is impracticable to communicate with me for -

(Child's name)

- to receiving such medical or surgical treatment as may be deemed necessary & I will cover all costs related to my child's care.

- if your child will require medication during the excursion please complete a medication form prior to the excursion date.

Parent/Guardian Signature

Date

## 3. Emergency Contact Details

### Contact Person 1.

Name

Phone No.

### Contact Person 2.

Name

Phone No.

## 4. Parent Permission

I hereby give permission for my child-

to attend the above ticked excursions on the listed dates.

Parent/Guardian Signature:

Date:

## 5. Child's Photograph

**Would you like to supply a current photograph of your child to aid in the identification purposes.**