



Rockhampton Girls  
Grammar School  
Est 1892

## OSHC JUNE/JULY 2017 VACATION CARE BOOKING FORM

To register your daughter/s for vacation care during the June/July school holidays, please complete this form and return to the staff of Rockhampton Girls Grammar Out Side School Hours Care prior to the end of term 2, 2017.

Student/s Name and Year Level/s: \_\_\_\_\_

Tick this box if you intend your daughter/s to attend a:		Date	Activity description
Full Day	3 Hour Session		
		<b>Monday - 26/06/2017</b>	Care for Magical Creatures Class
		<b>Tuesday - 27/06/2017</b>	Potions Class
		<b>Wednesday - 28/06/2017</b>	Spells and Enchantments Class
		<b>Thursday - 29/06/2017</b>	Divinations and Transfiguration Class
		<b>Friday - 30/06/2017</b>	Honeydukes Day
		<b>Monday - 03/07/2017</b>	<b>Excursion:</b> Movies to watch "Diary of a Wimpy Kid: The Long Haul"
		<b>Tuesday - 04/07/2017</b>	Tri-Wizard Tournament (Day 1 - Quidditch)
		<b>Wednesday - 05/07/2017</b>	Tri-Wizard Tournament (Day 2 Maze Challenge)
		<b>Thursday - 06/07/2017</b>	Tri-Wizard Tournament (Day 3 – Obstacle Course)
		<b>Friday - 07/07/2017</b>	Tri-Wizard Tournament Closing Ceremony Celebrations
		<b>Monday - 10/07/2017</b>	Yarn Banners and Yarn Chandeliers
		<b>Tuesday - 11/07/2017</b>	Nonslip Yarn Hangers
		<b>Wednesday - 12/07/2017</b>	Tie-Dyed Water Colour Napkins
		<b>Thursday - 13/07/2017</b>	<b>Excursion:</b> Riverside Photography Walk
		<b>Friday - 14/07/2017</b>	High tea in the garden the residents from Benevolent Nursing Home

### Medical Information:

Please list any medical conditions and necessary treatment. Please provide the service with Action Plans for medical alerts if available. Epi-pens and Puffers **MUST** be brought with the child to OSHC if they are required by your child.

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### Medical contact details in case of emergency:

In the case of accident or emergency, every effort will be made to contact parents/guardians prior to seeking treatment. In the event of my child receiving injuries requiring urgent medical attention, I authorise the seeking of that medical attention and agree to pay all costs incurred on behalf of my child.

Name of doctor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Contact Details:**

Primary Contact's name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Contact's name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact's name (in case we cannot get a hold of the contacts above): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Important information for all days involving excursions:**

Students should be at the service **no later than 9am**. Even if we intend to leave later than this, there are many important things that need to be done before we leave. This includes issuing the students with details and instructions about the excursion for the safety and well-being of everyone in attendance. We will always endeavor to be **back at the service by 3pm**. Please do not give your students any money to spend on the excursion as it is not fair to students without money.

If you require more information about any of the excursions, please speak to a staff member.

Do you consent to your daughter/s picture being taken at OSHC for use and display at the service?

Yes  No

At times during vacation care we sometimes watch movies. Do we have your permission to watch:

**G Rated Videos**  **PG Rated Videos**  **Both**

**Fees and additional cost:**

Vacation Care Daily Fees (2017):

3 Hour Session \$23.00 per session

Long day (8.00am to 6.00pm) \$54.00 per day

Excursions: Any additional costs for excursions will be charged directly to your account.

**Note:** We are registered as an approved provider for the purpose of the Commonwealth Childcare Benefit Scheme (CCB) for students in Prep and beyond.

**Service contact information:**

If you need to contact us for any reason, please do so on the service number **(07) 49300 956**. During excursions, we will be contactable via mobile phone **0417 111 294**.

**Consent:**

I \_\_\_\_\_, give permission for my daughter/s \_\_\_\_\_ to participate in all the activities booked for the June/July vacation care period and I confirm my agreement to pay all costs associated with these bookings. Finally, I confirm that I have read the "Important Information" section and other notices for the June/July 2017 vacation care program.

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_