

# MUELLER COLLEGE OSHC

## Vacation Care Program

September 20 - October 1, 2021

# EXPLORE



**Please note: All bookings must be made via the booking form. Bookings via email or phone will need to be followed by the form as soon as possible to be fully confirmed.**

# VACATION CARE FEES

**Hours :**

Hours: 6:00 am – 6:00 pm.

**Fees (casual/flexible care):**

12hr session 6:00 am – 6:00 pm

10hr session 6:30am – 4:30pm

10hr session 7:30am – 5:30pm

**ALL SESSIONS: \$71.50 /session**

**LATE FEES** : Late collection of children after 6:00pm will incur a fee of \$1 per minute.

**CANCELLATION MORE THAN 2 WORKING DAYS PRIOR** : No charge

**CANCELLATION WITHIN THE 2 WORKING DAYS PRIOR** : \$15 charge (No subsidy)

**CANCELLATION ON THE DAY** : Full fees processed as normal

## **VACATION CARE BOOKINGS**

A written program and booking forms for Vacation Care are available four weeks before each vacation period and will be available from the OSHC Room and the Early Learning Centre. Bookings are essential. Please book early to ensure the availability of places on the days you require.

## **CANCELLATION POLICY FOR VACATION CARE**

Cancellation of bookings for Vacation Care must be made **no later than 2 working days prior** in order to receive no charge.

Bookings cancelled in the 2 working days prior to attendance will be charged a **\$15 cancellation fee** that will not be subsidized through Centrelink.

Any cancellations made **on the day of attendance will be charged full fees processed as normal** unless a medical certificate can be provided.

All bookings and cancellations must be made through the booking form and handed to OSHC.

**For enquiries call OSHC: 3897 2754**

**PAYMENT OF FEES:** The preferred method of payment of fees is by direct debit from your bank account or direct deposit using the account information on your statement. Arrangements for direct debits can be made by requesting a debit set up form at the OSHC or via email. Fees can also be paid by direct deposit using the bank details found on your statement.

Please note that the cost of the excursions/activities is included in the daily fee and the child care subsidy will be applied to the total daily fee. If unsure of fee costs please contact the Service on 3897 2754. Outside School Hours Care reserves the right to cancel activities if materials or Services are unavailable.

**Please Note:**

Fees will be charged to accounts 1 week in advance and Statements sent each Monday showing the future weeks fees. Payment of fees should be made the same week that the Statement comes out.

**Please note:**

**Children will not be accepted for care if they have any outstanding Before and After School Care fees.**

## Essential Items for Vacation Care

### Hats

- A hat is to be brought everyday.
- No sun visors or caps (**school hat recommended**).
- No hat, no play in the sun.
- Hats will **not** be borrowed from other children or lost property.

### Shoes

- Children are required to have appropriate shoes whilst in care.
- Appropriate shoes are: sneakers with socks / beach sandals.
- **Inappropriate shoes are: clogs / thongs / scuffs.**
- **No roller shoes**

### Clothing

- A red shirt must be worn for all excursions (unless otherwise specified).

### Bag

- A backpack/bag is required for each child to put his/her belongings in.

### Food

- Parents are asked to send enough food for morning & afternoon tea and lunch.
- Children are required to have a well balanced lunch.
- Please do not send food in plastic bags.
- Lunches may be refrigerated at Outside School Hours Care but left overs will **not** be reheated.
- **Please do not send food that requires cooking (e.g. noodles).**
- A reasonable size water bottle is to be sent each day (not in 135ml pop-top bottle).

**PLEASE NOTE, NO IPADS OR PERSONAL DEVICES ARE TO BE BOUGHT TO VACATION CARE**

# MUELLER COLLEGE VACATION CARE

September 20—October 1, 2021

Please return this form to OSHC and complete your 2021 OSHC enrolment by Wednesday 15 September.  
Daily fee for 10HR OR 12HR SESSION = \$71.50/DAY

Names of children in family requiring care :

1.	_____	age _____	D.O.B. _____
2.	_____	age _____	D.O.B. _____
3.	_____	age _____	D.O.B. _____
4.	_____	age _____	D.O.B. _____

I give permission for my child / children named above to participate in the excursions for the above dates. For excursions, the children will be accompanied by the number of adults that will meet the excursion ratio of one adult to eight children. I understand that my child/children will travel unrestrained on Mueller College buses. The children will be under the coordination of Miss Ashleigh Christensen.

I give my permission for staff to obtain whatever medical attention they deem necessary at my expense.

Should children misbehave on an excursion the Lead Educator reserves the right, after consultation with the Outside School Hours Care Management, to exclude the child / children from further excursions.

I confirm:

- the details I have provided above are true and correct
- I have agreed to the days of care and the start and end times of these sessions care is provided on a casual or flexible basis
- I am liable to pay fees for my child's care as indicated in the attached information including money associated with late fees and cancellations.

Signature of Parent / Guardian : \_\_\_\_\_ Name of Parent / Guardian : \_\_\_\_\_

## IMPORTANT INFORMATION ABOUT COVID-19

Although we are resuming excursions, we have been cautious in selecting venues with thorough covid-safe plans. Visitors will continue to be accepted to the Service with caution. **Please note, all excursions may be cancelled should it be deemed high risk closer to the time of the event.**

Students will continue to be spread across various areas of the Service to avoid crowding. Additional cleaning and hygiene measures have been taken to ensure cleanliness throughout the Service.

We request that students wash their hands when first arriving at the Service. **Children showing ANY signs of sickness will not be accepted to the Service. Students who become unwell will be kept away from other students and it is expected that they will be collected in a timely manner.**


Student showing any signs of sickness and particularly symptoms associated with Covid-19 will be asked to be collected immediately.

Thank you for your help in keeping our families safe.

# VACATION CARE BOOKING FORM - SEPT/OCT 2021

Please make sure you are aware of the times for excursion departures.  
We will be leaving promptly at the times indicated below.

Please indicate number of students attending

Date	Program		DETAILS	Travel Time	Activity Time
Mon, 20 September	<b>Jump and Ride</b>		Bring along your scooters and helmets for some outside play. <b>JUMPING CASTLE FUN!</b>		10:00 2:00
Tues, 21 September	<b>Wild</b>		Get back to nature		
Wed, 22 September	<b>Gum Tree</b>		<b>PREP—YEAR 2 Excursion: Lone Pine Koala Sanctuary</b> Year 3&up: Design your own serving board	1hr both ways	<b>8:30</b> 2:30
Thurs, 23 September	<b>Adventure</b>		<b>YEAR 3&amp; up Excursion: Wildhorse Mountain &amp; Strawberry Picking (TBC)</b> Prep-Year 2: Geocaching fun		9:30 2:30
Fri, 24 September	<b>Mad Scientist</b>		<b>YEAR 3&amp; up Excursion: Science Centre</b> Prep-Year 2: Looking at textures		<b>8:00</b> 2:30
Mon, 27 September	<b>Reuse</b>		<b>Dress in your best Op shop outfit!</b> <b>PREP—YEAR 2 Excursion: Scarborough Park with kite flying fun</b> Year 3& up: Mosaics		9:30 2:30
Tues, 28 September	<b>Tanoshi</b>		<b>Rock Climbing</b> , bringing the Olympics home.		1:00 4:00
Wed, 29 September	<b>Opposites</b>		<b>Movie at MPAC: Tom &amp; Jerry RATED: PG</b>		12:00 3:00
Thurs, 30 September	<b>Remember</b>		Make your very own bear		
Fri, 1 October	<b>Run</b>		<b>Brissy Roar are coming, plus a BBQ Lunch will be provided!</b>		1:00 3:00

If you do not want your child participating in the excursions or to see the nominated movies, please just let the Director, Rachel Rose know via email: r.rose@mueller.qld.edu.au, and arrangements will be made for them to do another activity in the OSHC room. Student not in the prescribed age group will, however not be permitted to go on the excursions.



# SEPT/OCT 2021

## PREP-YR2 Excursion Permission Form

<b>EXCURSION</b> <b>DATE: 22/09/21</b> <b>EXCURSION TIME:</b> <b>Approx. 8:30am—2:30pm</b>	<b>Lone Pine Koala Sanctuary</b> <b>Address :</b> 708 Jesmond Road, Fig Tree Pocket Queensland Australia 4069 <b>Phone :</b> 3378 1366	<b>Tick here if you do not want your child to attend the excursion:</b> <input type="checkbox"/>
<ul style="list-style-type: none"> <li>I give my permission for my child/ren _____ to participate in this excursion. The children will be under the supervision of Ashleigh Christensen.</li> <li>I give my permission for staff to obtain whatever medical attention they deem necessary at my expense.</li> <li>Should students misbehave on an excursion, the Lead Educator reserves the right, after consultation with the Outside School Hours Care Management, to exclude the student/s from further excursions.</li> <li>OSHC Educators will accompany students on the excursion at a minimum ratio of 1:8 in accordance with the excursion risk assessment available at the Service.</li> </ul>		
Signature of Parent / Guardian : _____ Name of Parent / Guardian : _____ Date : _____ (please print)		
<b>DESCRIPTION:</b> A day of fun meeting lots of Koala friends.	<b>Red shirt and closed in shoes, bag with lunch, water bottle and SCHOOL hat required.</b> NO additional money will be taken on excursions.	
Approx. No. Children attending: 60 Educators: 8	<b>METHOD OF TRANSPORT:</b> The children will travel unrestrained on a bus owned by Mueller College	<b>Estimated Travel Time:</b> 1 hour each way

## PREP-YR2 Excursion Permission Form

<b>EXCURSION</b> <b>DATE: 27/09/21</b> <b>EXCURSION TIME:</b> <b>Approx. 9:30am-2:30pm</b>	<b>Scarborough Park</b> <b>Address :</b> 107 Landsborough Avenue <b>Phone :</b> n/a	<b>Tick here if you do not want your child to attend the excursion:</b> <input type="checkbox"/>
<ul style="list-style-type: none"> <li>I give my permission for my child/ren _____ to participate in this excursion. The children will be under the supervision of Ashleigh Christensen.</li> <li>I give my permission for staff to obtain whatever medical attention they deem necessary at my expense.</li> <li>Should students misbehave on an excursion, the Lead Educator reserves the right, after consultation with the Outside School Hours Care Management, to exclude the student/s from further excursions.</li> <li>OSHC Educators will accompany students on the excursion at a minimum ratio of 1:8 in accordance with the excursion risk assessment available at the Service.</li> </ul>		
Signature of Parent / Guardian : _____ Name of Parent / Guardian : _____ Date : _____ (please print)		
<b>DESCRIPTION:</b> A fun day at the park with recyclable kites and activities.	<b>Red shirt and closed in shoes, bag with lunch, water bottle and SCHOOL hat required.</b> NO additional money will be taken on excursions.	
Approx. No. Children attending: 60 Educators: 8	<b>METHOD OF TRANSPORT:</b> The children will travel unrestrained on a bus owned by Mueller College.	<b>Estimated Travel Time:</b> 30min each way

# SEPT/OCT 2021

## YR 3&UP Excursion Permission Form

<b>EXCURSION</b> <b>DATE: 23/09/21</b> <b>EXCURSION TIME:</b> <b>Approx. 9:30am-2:30pm</b>	<b>Wildhorse Mountain and Strawberry Picking at Rolin Farms</b> <b>Address :</b> Glass House Mountains Rd, Coochin Creek QLD 4519 & 124-190 Rutters Rd, Elimbah QLD 4516 <b>Phone :</b> (07) 5497 4253	Tick here if you do not want your child to attend the excursion: <input type="checkbox"/>
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• I give my permission for my child/ren \_\_\_\_\_ to participate in this excursion. The children will be under the supervision of Ashleigh Christensen.  
 • I give my permission for staff to obtain whatever medical attention they deem necessary at my expense.  
 • Should students misbehave on an excursion, the Lead Educator reserves the right, after consultation with the Outside School Hours Care Management, to exclude the student/s from further excursions.  
 • OSHC Educators will accompany students on the excursion at a minimum ratio of 1:8 in accordance with the excursion risk assessment available at the Service.

Signature of Parent / Guardian : \_\_\_\_\_

Name of Parent / Guardian : \_\_\_\_\_ Date : \_\_\_\_\_  
 (please print)

DESCRIPTION: <b>Hiking up Wildhorse Mt. and a fun day of strawberry picking.</b>	<b>Red shirt and closed in shoes, bag with lunch, water bottle and SCHOOL hat required. NO additional money will be taken on excursions.</b>	
Approx. No. Children attending: 60 Educators: 8	METHOD OF TRANSPORT: The children will travel unrestrained on a bus owned by Mueller College.	Estimated Travel Time: 1 hr each way

## YR 3&UP Excursion Permission Form

<b>EXCURSION</b> <b>DATE: 24/09/21</b> <b>EXCURSION TIME:</b> <b>Approx. 8:00am—2:30pm</b>	<b>Science Centre</b> <b>Address :</b> Corner of Grey and Melbourne Streets, South Bank <b>Phone :</b> (07) 3840 7555	Tick here if you do not want your child to attend the excursion: <input type="checkbox"/>
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• I give my permission for my child/ren \_\_\_\_\_ to participate in this excursion. The children will be under the supervision of Ashleigh Christensen.  
 • I give my permission for staff to obtain whatever medical attention they deem necessary at my expense.  
 • Should students misbehave on an excursion, the Lead Educator reserves the right, after consultation with the Outside School Hours Care Management, to exclude the student/s from further excursions.  
 • OSHC Educators will accompany students on the excursion at a minimum ratio of 1:8 in accordance with the excursion risk assessment available at the Service.

Signature of Parent / Guardian : \_\_\_\_\_

Name of Parent / Guardian : \_\_\_\_\_ Date : \_\_\_\_\_  
 (please print)

DESCRIPTION: Science Centre fun	<b>Red shirt and closed in shoes, bag with lunch, water bottle and SCHOOL hat required. NO additional money will be taken on excursions.</b>	
Approx. No. Children attending: 60 Educators: 8	METHOD OF TRANSPORT: The children will travel unrestrained on a bus owned by Mueller College.	Estimated Travel Time: 1 hr each way