

Holiday Program

2 weeks

5th July – 16th July

Enrolment and prepayment by **THURSDAY 1st July**

Page 1 of 4

The program

The Teloepa Park School P&C Holiday program provides interesting activities in a carefully supervised and relaxed environment for children aged between 5 and 12. Activities are wide and varied and can include excursions, 'in-house' craft activities and organised games. Some activities may change, due to unforeseen circumstances.

Week 1 of 2

Monday 05/07/10	Tuesday 06/07/10	Wednesday 07/07/10	Thursday 08/07/10	Friday 09/07/10
Treasure Hunt	Ice skating (excursion)	Balloon craft	Computer + board games	Cinema (excursion)
Barbecue at Teloepa Park (weather permitting)	Movies & games at school	Holiday Program Mini-Olympics	Grow buddies	Candle making

Week 2 of 2

Monday 12/07/10	Tuesday 13/07/10	Wednesday 14/07/10	Thursday 15/07/10	Friday 16/07/10
Hama Beads	Balloon animals	Outdoor Sports (weather permitting)	AIS (excursion)	Baking cookies
Barbecue at Teloepa Park (weather permitting)	Cinema (excursion)	Movies and craft at school	Computer + board games	Winter party – games and treats

Location

Excursions involve leaving the school grounds, but other activities are all conducted in the classrooms, craftrooms and outdoor areas at Teloepa Park School.

Please note, some activities may change in this Holiday Program, so check the notice table on the day.

SunSmart – MUST wear HATS
– MUST wear sunprotection cream

Phone contact during Holiday Program is

6273 2553

Hours of operation

Care is provided from 8.45am till 6:00pm.

Fees

Fee Period	Times	Fee
Full day	8:45am – 6:00pm	\$55.00 per day

Fee Assistance

Fee assistance is available for those who are eligible. If you will be claiming CCB for this holiday program, please ensure you have provided your child's CRN the parent's CRN and birth dates on the enrolment form to be completed.

Excursions, like craft sessions, are fun and an integral part of our holiday program. All children are to attend.

Casual enrolment bookings

These may be available if staffing allows, and numbers allow, but cannot be guaranteed.

Enrolment and consent forms **MUST BE COMPLETED AND RETURNED BY THURSDAY 1st July**

Please complete the enrolment form and return to the After School Care Program with your payment.

Please put in an envelope addressed to Katie Molloy or Julie Sheedy or

by mail (PO Box 3446, Manuka, ACT 2603), by **THURSDAY 1st July**

Arrival and departure times

On arrival, please have your child marked off on the roll. Please sign your child out at the end of the session/day. Please note that children cannot be picked up during excursion time.

Lateness when picking up your child

Late fee is \$10 for the first 5 minutes and \$1 per minute after that. It is payable on the spot and receipts will be given.

Lunch and snacks

Please provide a morning snack and lunch except on the sausage sizzle and hot dog days. Afternoon snacks will be provided.

Sun Smart policy

The sun smart policy will be followed at all times.

Swimming (when available)

Parents must complete the permission note for their child to swim in the 'big pool'.

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PO BOX 3446
Manuka ACT 2603
02 6273 2553

Enrolment form

I wish to enrol my child/ren in the TPS ASC Holiday program

Child's Given name / Family name	Male/ Female	Date of birth	Child's Centrelink CRN (required for CCB records)
_____		/ /	- -
_____		/ /	- -
_____		/ /	- -
_____		/ /	- -

Please tick the days that you wish your child/ren to attend.

Child's Given name	Week 1					Week 2				
	Mon	Tue	Wed	Thurs	Fri	Mon	Tue	Wed	Thurs	Fri
_____	All day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	All day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	All day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	All day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Payment

Cheques are to be made out to
Telopea Park School P&C After
School Care program.
(Credit card facilities are available)

I enclose my payment of \$ _____

Receipt to be made out to _____

Address _____

Payment by

Credit Card (available)



Cash

Cheque

Direct Debit

Please advise if details have
changed from Direct Debit form.

Please complete a
Payment by Credit Card form.

Statement

I have read and signed the permission notes on the last page of this enrolment form.

Parent/Guardian _____ Date / /

I, _____

the parent/guardian of _____

give permission for the following:

Excursion Permission Note

I give permission for my child/ren to leave the school grounds to go to the lake to feed the ducks, Telopea Park.

I give permission for my child/ren to leave the school grounds to go to the movies (movie rating may be PG).

Depending on the excursion, morning session will leave at 9 am and return to the school by 1 pm; lunch time sessions will leave at 12 noon and return to the school by 2 pm; afternoon sessions will leave at 1.45pm and return to the school by 3.15 pm.

Signature of Parent/Guardian _____ / /

Permission to take photographs and videos for Quality Assurance Purposes.

I give permission for my child/ren to be photographed or videoed during their time at Telopea Park School P&C Holiday Program. These photographs will be a part of the quality assurance self study process and will not leave the programme and will only be viewed at the program or taken home by the children.

Signature of Parent/Guardian _____ / /

Medical release

Accident and illness

We regret we are unable to care of sick children or children with contagious illnesses. Medicine or tablets will only be administered to children by Program staff under written authorisation.

In the event of any accident or illness, I/we authorise the obtaining on our behalf of such medical or hospital treatment as our child/ren may require, and agree to meet any expenses attached thereto. In the case of an emergency I/we agree for our child to be transported by private vehicle/ambulance. I/we agree to pay expenses incurred or medical treatment and transport.

Signature of Parent/Guardian _____ / /