

Spring Vacation Care 2021



Vacation Care Daily Fee \$75 ****Vacation Care Special Event Day \$85****

All accounts must be paid in full BEFORE your booking is confirmed

Vacation Care Booking Request and Permission Form

FEES WILL BE CHARGED TO YOUR ACCOUNT. ALL CARE MUST BE PAID IN ADVANCE TO SECURE YOUR PLACE. THANK YOU.

Payments can be made to:

BSB: 304 123

Account No.: 0526674

Due to limited spaces - every day you book will be charged even if your child is absent or you choose not to attend

I _____
agree for my child / children _____

to attend excursions on the following days... (Please note, dates * are Special Event Days)

- Monday 20th September – **Centre Day** – (*Making Dreamcatchers*)
- Tuesday 21st September – **Hidden World Playground @ Fitzgibbon**
- Wednesday 22nd September – ****Movies & Pine Rivers Park**** Gympie Rd Strathpine
- Thursday 23rd September – ****Redcliffe Pool**** Sydney St Redcliffe
- Friday 24th September – ****FunFit @ Morningside**** (*Indoor Ninja Course & Playcentre*)

- Monday 27th September – **Suttons Beach** (*playground, swimming & beach exploration*)
- Tuesday 28th September – **Centre Day** – (*SandArt*)
- Wednesday 29th September – **Funderwood Hollow Playground @ Priestdale**
- Thursday 30th September – ****1Up Arcade**** (*Classic Video Games Arcade*)
- Friday 9th July – **Whites Hill Reserve Playground** Boundary Rd Camp Hill

Please provide your children with the following each day

- | | |
|---|---|
| <input type="checkbox"/> Red Creative Kids collared polo shirt | <input type="checkbox"/> Healthy Morning Tea & Lunch |
| <input type="checkbox"/> Red Creative Kids bucket hat (NO caps) | (e.g. fruit, yoghurt, sandwich) |
| <input type="checkbox"/> Enclosed shoes | NO LOLLIES, CHIPS or NUTS please |
| <input type="checkbox"/> Swimming gear (for pool days) | <input type="checkbox"/> Drink bottled filled with Water ONLY |

Are your enrolment details correct?

- I have completed the 2021 Re/-Enrolment Form in full
- I have provided all required documents, forms and medications.

AUTHORISATIONS AND CONTACT DETAILS

I _____ as guardian with booking and
excursion authorisation, consent for my child/ren _____

to be transported by bus for the purposes of Vacation Care excursions. Please over for further information.

- I understand that I may be required to complete additional forms regarding individual excursions as per the Transporting Children Policy (35.21)
- I understand that if I wish to view detailed route details for each excursion that these are available at the service to view.
- I have reviewed the Program, Excursion and Transportation Information, had the opportunity to view all risk assessments and consent to my child/ren attending the Creative Kids Outside School Hours Care Vacation Care Program excursions.

Signature: _____ Date: _____

Contact Ph Number: _____ Contact Name: _____

Email Address: _____