

Mount Carmel College Vacation Care Information

Opening Hours: 7.00am - 6.00pm (*late collection fees apply*)

Contact information: Phone – 8447 0584 Mobile - 0439 991 828
Email – oshc@mcc.catholic.edu.au

Cost per child:

\$58.00 -On-site day \$63.00 - Incursion Day \$68.00 – Excursion Day

Child Care Subsidy (CCS) is available for Vacation Care. Please contact the Centrelink Family Assistance Office (FAO) on 136150 or see the OSHC website for more information.

General Information

- ***All Children must be signed in and out each day.***
- Breakfast is available daily until 8.30 am.
- **Excursions** - Please ensure children arrive **well before the departure time**. Excursion times are approximate, and we cannot wait for late children.
- **Spending money** is not required for excursions. Please **DO NOT** send money for lunch.
- **Food** - Please ensure your child/ren have a packed recess and lunch every day in vacation care unless indicated on the program. We provide a healthy snack and fruit at approximately 3.30pm. We do not have the facilities to store children's food in the fridge. Please make sure you pack food in a cooler bag. We **do not** heat up food for lunches.
- **A refillable drink bottle** should be brought every day, especially on excursions.
- **Clothing** - Please make sure your child/ren has a warm jacket and wet weather gear every day in the winter months for when we go on excursions and sun safe clothes in summer. Please label – we get lots of lost property.
- **Hats and Sunscreen** – please bring a bucket hat for vacation care. Sunscreen is provided but if your child is allergic to certain brands, please supply your own.
- **Electronics** are no longer to be brought from home.
- **Mobile phones** are not needed at Vacation Care. Children who have phones will need to hand them to staff to look after until they are picked up.
- **All medication** requirements must be notified to staff beforehand, and a medication form filled in.
- **The program** is subject to change depending on the weather.
- **Bookings need to be in by Friday June 27th (Week 9)** We need to confirm excursion numbers and organise staff rosters.

Please be aware we are a **NUT AWARE CENTRE**. Please **DO NOT** send food that contains nuts. This includes all nuts, peanut butter, and Nutella.

If there are any questions or queries, please speak to Loucas or Davina.

Mount Carmel College Vacation Care

July 2025

Booking Consent Form

Family Name _____

Please write first name of student/s attending in boxes on appropriate day

Week 1	Mon 7/7/25 Excursion	Tues 8/7/25	Wed 9/7/25 Incursion	Thurs 10/7/25 Excursion	Fri 11/7/25
Child's Name/s				Don't forget to fill out your combo order!	
Week 2	Mon 14/7/25	Tues 15/7/25 Excursion	Wed 16/7/25	Thurs 17/7/25 Incursion	Fri 18/7/25 Excursion
Child's Name/s					

Bookings need to be in by Friday June 27th (Week 9).

- I am willing for my child/ren to participate in all programmed activities (separate consent form required for excursions) for the up-coming Vacation Care as detailed on the program.
- I understand it is my responsibility to familiarise myself with the program and details and to advise the Director if I do not wish for my child/ren to participate in a particular activity.
- Risk assessments are undertaken for all excursions and incursions and may be viewed upon request.
- I give permission for my child to be photographed, and photos displayed *within* the school, photos to be shared in other children's portfolios and for professional promotional use such as websites or in the media. Please see Director for any queries.

PLEASE NOTE Changes,

- All cancellations made at least one week prior to the booking will incur no cost. Cancellation of a booking with less than a weeks' notice will result in full fee being charged for each day booked. These will be charged as Approved Absences. Please refer to our fee policy on the OSHC website if you have any questions.**

If you haven't filled out enrolment forms, see the school office or the OSHC staff to obtain these.

Please return this form as soon as possible to the OSHC Staff to ensure you receive the bookings you require.

Please keep a record of what you have booked, to avoid being charged for forgotten bookings!

Date _____ Signature _____

CONSENT FORM FOR CAMP, EXCURSION, SPORTING OR ADVENTURE ACTIVITY

Requirements in this document must not be altered. Please use block letters when filling out this form

As a parent/legal guardian of:

STUDENT/CHILD'S NAME	
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I:

PARENT/GUARDIAN NAME	
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give my consent for my child to participate in:

NAME OF CAMP/EXCURSION/SPORTING OR ADVENTURE ACTIVITY	Please Circle
	1. 7/7/2025 – Salisbury Bowling
	2. 10/7/2025 – Semaphore Odeon Star Cinema
	3. 15/7/2025 – Roller Skating
	4. 18/7/2025 – Parks Active Kids

at/on:

LOCATION	Vacation Care Excursions as per details on program and consent form (PTO)
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FROM:

0	7
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0	7
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2	5
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 TO:

1	8
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0	7
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2	5
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 OR ON:

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Does your child have any health support, or medication administration needs that should be considered for camps, excursions etc? Yes ☐ No ☐ N/A ☐

If Yes, has a care plan/medication agreement been provided to the school/preschool? Yes ☐ No ☐ N/A ☐

If No, please provide a completed care plan/medication agreement to the school/preschool on completion of this form.

Any other matters that may impact your child's participation in the above activities safely? Yes ☐ No ☐

If Yes, please outline details to the school/preschool in the box below.

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Details of **planned activities, transport arrangements**, anticipated **number of students/children** and **supervising teachers/instructors** are provided on the information sheet below.

Agreement

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.
- Where appropriate I have also attached additional or updated health care information, including details of any additional health support he/she requires to undertake the above activities safely.
- The information given is accurate to the best of my knowledge.
- I acknowledge that a risk management form is available upon request for my inspection at the school.

Signed: _____

Date: / /

Parent/Legal Guardian (in case of emergency)

NAME					
RELATIONSHIP TO CHILD					
TELEPHONE (1)		TELEPHONE (2)		MOBILE	
Student Medic Alert Number (If					

*Any health care information provided is not intended to prevent your child participating unless specific medical advice warrants exclusion. The health care information you supply to the school/preschool will be treated confidentially. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please contact the teacher-in-charge if you wish to discuss any health care problems.

ACTIVITY INFORMATION SHEET

REASON FOR AND DESCRIPTION OF PLANNED ACTIVITIES	<p>Vacation Excursions to the following locations,</p> <ol style="list-style-type: none"> 1. Salisbury Bowling – to go bowling https://www.facebook.com/bowland.salisbury/ 2. Semaphore Star Odeon Theatre – to watch the movie. https://www.odeonstar.com.au/ 3. St Clair Rec Centre – roller skating https://www.stclair.ymca.org.au/ 4. The Parks Rec Centre – sporting activity https://www.parksrc.ymca.org.au/kids/active-kids-excursions
TRANSPORT ARRANGEMENTS	<p>Private Bus via the most direct route taking into consideration road works etc.</p> <ol style="list-style-type: none"> 1. Semaphore Bowling - 4-8 Clayson Rd, Salisbury East SA 5109 2. Semaphore Odeon - 65 Semaphore Road Semaphore 5019 3. St Clair Rec Centre - 109 Woodville Rd, Woodville South SA 5011 4. The Parks Rec Centre - 46 Cowan St, Angle Park SA 5010
NUMBER OF STUDENT/CHILDREN ATTENDING	Maximum 75
NUMBER OF SUPERVISING TEACHERS, INSTRUCTORS AND ADULTS ATTENDING	N/A – dependant on final number of children attending.
FOR EDUCATION AND CARE SERVICES – THE EDUCATOR TO CHILD RATIO	<ol style="list-style-type: none"> 1. 1 Educator - 9 children 2. 1 Educator – 9 children 3. 1 Educator – 9 children 4. 1 Educator – 9 children



Odeon Semaphore Combo Deal

Combo 1 - \$6.00

Small Drink & Small Popcorn

Combo 2 - \$6.00

Small Drink & 50gm Potato Chips `

(Plain, Salt & Vinegar, Chicken, BBQ, Cheese and Onion)

Combo 3 - \$6.00

Small Drink & Chocolate Bar/Confectionary Item

(Kit-Kat, Mars Bar, Violet Crumble, Dairy Milk, Wagon Wheel, Kinder Bueno, Kinder Surprise, M&M Minis, Raspberry Twisters, Raspberry Sherbert Fizz, Wonka Nerds Rope, Wonka Gobstoppers, Wonka Nerds)

Drink Options: Pepsi, Pepsi Max, Sunkist, Solo, Lemonade, Raspberry, Frozen Pepsi and Frozen Raspberry. Water, Orange Pop-Top and Apple Pop-Top.

NAME:				MOUNT CARMEL COLLEGE OSHC			
Combo	1	2	3	Drink			
				Chips			
				Choc			
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Combo	1	2	3	Drink			
				Chips			
				Choc			
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Combo	1	2	3	Drink			
				Chips			
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