

# **April Holiday Program**

#### Tues 16th April Thurs 18th April Mon 15<sup>th</sup> April Wed 17th April Fri 19<sup>th</sup> April **STEM DAY LET'S GET ACTIVE! DREAM TEAMS! FEEL GOOD FRIDAY Gymnastics in the morning** PJ's and Bring your own picnic lunch to relax Make Kites, Rotocopters, have under the oak tree Catapults to test at the Oak Morning beach walk and Soup and tree! Make your own Salad roll collecting trinkets before a **Amazing Race & Team Games!** Sandwiches for or wrap! treasure hunt and playing at lunch Lego creation challenge Wii Dance and dance the park! Movie and board workshop! Nature artwork games COST \$6 **COST \$15**



## WARAWYN WYNYARD HOLIDAY CARE Operates from

COMMUNITY CENTRE LITTLE GOLDIE STREET WYNYARD

Ages: 5 to 12 years

#### **BOOKINGS**

Booking sheet attached with excursion permission to be returned to Warawyn Early Learning Centre

during Office Hours 9am - 5pm

12 Exhibition Link, Wynyard

Telephone 6443 8380

Email: childrenservices@warwyn.tas.gov.au

An enrolment form must be completed for all new child/ren and please advise of any changes to current details.

#### **ASTHMA / MEDICAL HEALTH PLAN**

If your child has Asthma / Medical condition, please provide a Medical Action Plan from your Doctor.

#### **MEDICATIONS**

All medication needs to be in the original package with your child's name printed on it. Please leave medication with an educator with completed Medication Authority Form. NOT in your child's bag.

#### COST

Fees are before Child Care Subsidy (CCS)
\$68 per day plus any additional cost (excursions or deliverers)
will be automatically charged to your account.
We are an approved childcare provider for Child Care Subsidy.
For more information on Child Care Subsidy
https://www.humanservices.gov.au/individuals/services/centrelink/child-care-subsidy

# OPERATIONAL HOURS 7:00am to 6:00pm Mobile numbers for contact during program 0417 384 970 and 0437 825 793

<u>FOOD / DRINK</u> Children are required to bring morning tea, lunch and afternoon tea for the day unless indicated by a cooking experience e.g. cooking lunch etc. Please send a drink bottle with your child.

<u>HATS / SHOES</u> all children must have a hat for outdoors. It is also essential that all children wear enclosed shoes, sneakers and socks are the best option especially for excursions.

<u>CLOTHING</u> dress in sensible clothing (no singlet tops/dresses or very short shorts as these do not meet sun safe practices). A change of clothes is also advised if messy activities.

Please ensure all belongings are clearly labelled

**SUNSCREEN** send own if unable to use service supplied sunscreen.

<u>EXCURSIONS</u> may change due to weather. Please ensure to arrive at program 10-15 minutes prior to departure times.

<u>ELECTRONIC</u> items are to be left at home as educators will not be held responsible for these items.

<u>CANCELLATIONS</u> Contact Warawyn Early Learning on 6443 8380 during office hours to inform of your child's absence. Fees will be charged for any cancellations to care as per cancellation policy, this includes illness and absences.

### WARAWYN WYNYARD SCHOOL AGE & HOLIDAY CARE $\underline{BOOKING\ FORM}$

Tick the required of	days of care ar	nd complete	indemnity sect	tion. Con	mpleted form to	be returned to	Warawyn E	arly Learning	Administrati	ion Office.
Parent/Guardian N	Vame:				15 <sup>th</sup> – 26 <sup>th</sup> Apr		e: (Bus. Hrs)			
CHILD'S NAME	Monday	Tuesday	Wednesday	Thursday	Friday	Monday	Tuesday	Wednesday	Thursday	Friday
	15th	16th	17th	18 <sup>th</sup>	19 <sup>th</sup>	22 <sup>nd</sup>	23 <sup>rd</sup>	24 <sup>th</sup>	25 <sup>th</sup> CLOSED	26 <sup>th</sup> CLOSED
If you have used	Holiday Care	previously,	you need to	ensure that a	ny changes to y	our family inf	formation ar	e noted on you	ır enrolment	form.
			<u>E</u> .	XCURSIO1	N - PERMI	SSION FOR	<u>R M</u>			
I allow my child/redays that I have m							nrticipate in a	ny of the excurs	sions that are t	peing held on the
I fully understand Excursion Hazard	-		•		•	Company or Wa	alking and tha	at I have/or will	l make myself	aware of the
Indemnity: I hereby agree to i against all actions, of or in relation to	, costs, claims,	, charges, exp	enses and dar	nages whatso	ever which may	be brought by	or on behalf	of the above na	med child hov	
Signed		(P	arent/Guardia	n)	Print Name			•••••		
Address					•••••					
Dated this		Day of	20	)24						

We adhere to Carer: Child Ratios of 1:15 when out on excursions.

This may alter according to Hazard