



## Queenstown Vacation Care Program – January/February 2019

**Queenstown Child Care Centre 8 Selby Street, Queenstown  
ph/fax 6471 5895 email queenstown@ncn.org.au**

### Booking Sheet

Parent/Guardian Name: \_\_\_\_\_

Contact number & email \_\_\_\_\_

**Please read and fully complete this Booking Sheet**

**(please ✓ days required) BOOKINGS WILL BE TAKEN VIA THIS FORM ONLY**

	Monday	Tuesday	Wednesday	Thursday	Friday
Program Planned Days	21/01/2019	22/01/2019	23/01/2019	24/01/2019	25/01/2019
<b>Name of Child/ren</b>	Excursion	In House	In House	In House	In House

	Monday	Tuesday	Wednesday	Thursday	Friday
Program Planned Days	28/01/2019	29/01/2019	30/01/2019	31/01/2019	01/02/2019
<b>Name of Child/ren</b>	Public	Excursion	In House	In House	In House
	Holiday				
	Centre				
	Closed				

	Monday	Tuesday	Wednesday	Thursday	Friday
Program Planned Days	04/02/2019	05/02/2019	06/02/2019	26/04/2018	27/04/2018
<b>Name of Child/ren</b>	In House	In House	In House	Everyone	Everyone
				Back	Back
				To	To
				School	School

I have read the Queenstown School Holiday Program and conditions, and fully understand all I requirements. I will ensure that my child/ren is/are fully equipped as specified on the program.

I agree to abide by all requirements including payment of fees, cancellations and absences.

I have also read and fully completed the non-routine excursion form.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## Queenstown School Holiday Care Monday 21 January – Wednesday 6 February 2019

### NON-ROUTINE EXCURSION CONSENT FORM

I, ..... Parent/Guardian  
(Parent/Guardian Name)

of .....  
(Child/ren's Full Names)

.....  
give permission for them to participate in an excursion to:

***\*Please circle Yes or No to excursions applicable to your child/ren.***

***\*\*Note most times will depend on the weather and will be confirmed.***

DATE	TIME	DESTINATION	TRANSPORT	CONSENT
21/01/2019	Depart: 10.00am Return: 12.30pm	Park	Walk	Yes / No
29/01/2019	Depart: 10.00am Return: 12.30pm	Museum	Walk	Yes / No

**Hazards identified are:**

- Children being on unregistered premises.
- Access to traffic – i.e. crossing roads.
- Challenging play equipment (different parks) and sports activities.
- Activities in open areas.
- Water.

**Management of identified hazards will include:**

- Minimum ratio of one adult to ten children on excursions.
- Minimum ratio of one adult to five children on swimming excursions.
- A person who holds a bronze medallion will be available at every swimming outing.

Hazards will vary depending on the excursion planned on the day. The activities that are available on each excursion vary and the purposes of all excursions are to provide children with recreational and educational experiences.

**I consent to my child/ren travelling by bus or walking to the excursion.**

Signed: ..... Date:.....  
(Parent/Guardian)

**This form is to be completed prior to children attending excursions**