

STANTHORPE YMCA

JUNE/JULY 2016 Vacation Care

Consent, Booking and Excursion Authorization Form

I,

(Your name)

Apply for enrolment for my child/children;

(Child's name/s)

To attend the Stanthorpe YMCA Vacation Care for the June/July holidays. I have indicated the days I am seeking attendance for my child/children by ticking them on the table.

I authorize staff to seek the necessary medical aid as required and I understand that I will be liable for any costs associated with the transport or medical treatment of my child/children.

I give my permission for the staff to take photos of my child/children for profiles or advertising or stories to be published in the local newspaper.

I give permission for my child/children to attend nominated excursions and special activities I have ticked on the program. I understand that transportation will be by bus or foot.

Signed: _____

Date: ____/____/2016

Emergency daytime contact number: _____

<u>JUNE/JULY HOLIDAY PROGRAM 2016</u>		
<u>WEEK ONE</u>		
<input type="checkbox"/>	<u>Monday</u> <u>27th June</u>	<u>WELCOME CHILDREN TO VACATION CARE</u> Group Time, Marble Painting, Beading Activities, Outside Activities
<input type="checkbox"/>	<u>Tuesday</u> <u>28th June</u>	<u>EXCURSION: YMCA Talc Street.</u> Please bring wide-brimmed hat, water bottle and appropriate clothing and closed in footwear. <u>Cost: Free</u>
<input type="checkbox"/>	<u>Wednesday</u> <u>29th June</u>	<u>FUN DAY:</u> Picnic Morning Tea, Bingo with Prizes, Stackcup & Leggo Competition, Fun Games Outside
<input type="checkbox"/>	<u>Thursday</u> <u>30th June</u>	<u>EXCURSION: KILPA STREET PARK.</u> Please bring wide-brimmed hat, water bottle and appropriate clothing and closed in footwear. BBQ lunch provided. Cost: Free
<input type="checkbox"/>	<u>Friday</u> <u>1st July</u>	<u>MUSICAL TALENT DAY.</u> Please bring along your own instrument to play or sing your favourite song. WII Dance Competition, Face Painting, Outside team Building Games

<u>JUNE/JULY HOLIDAY PROGRAM 2016</u>		
<u>WEEK TWO</u>		
<input type="checkbox"/>	<u>Monday</u> <u>4th July</u>	<u>WINTER SNOWFLAKE DAY!</u> Making our own Hot Mince Rolls, Marshmallow Chocolate Snowballs, Coconut Snowball Cupcakes and Hot Chocolate Drinks!! Snowflake games (Musical Snowflakes, Snow Shovel Relay Race)
<input type="checkbox"/>	<u>Tuesday</u> <u>5th July</u>	<u>EXCURSION: YMCA TALC STREET.</u> Morning Tea in the Park, wide-brimmed hat, water bottle and appropriate clothing and closed in footwear. Cost: FREE
<input type="checkbox"/>	<u>Wednesday</u> <u>6th July</u>	<u>Animal and carers visiting from We Care Kennels</u> animal shelter. Treasure Hunt, Parachute Games , Kite Making,
<input type="checkbox"/>	<u>Thursday</u> <u>7th July</u>	<u>EXCURSION: Warwick Twin Cinema.</u> Please bring packed lunch, wide-brimmed hat, water bottle and appropriate clothing and closed in footwear. Cost: \$22.00
<input type="checkbox"/>	<u>FRIDAY</u> <u>8th July</u>	<u>Break-up Disco and Party Games! Winter Pyjama DAY!</u> Wear your favourite winter PJ'S and slippers. Face painting, musical games (musical chairs, freeze etc), Movie Marathon and Free Play.

STANTHORPE YMCA EXCURSION PERMISSION FORM

Stanthorpe YMCA

I, _____

DO / DO NOT

Consent for my child/children: _____

To participate in an excursion to
The Stanthorpe YMCA Talc street on Tuesday 28th June, 2016.

The cost of this excursion will be **free**.

The children and staff will depart from the YMCA OSHC centre around **9:30am** and will return around **12:00pm**.

Travel will be by **foot**.

Travel time will be approximately **10 minutes each way**.

All staff members attending this excursion have current first aid and CPR training.

My son/daughter has the following special needs (please provide full details and include any relevant medical details):

I give / do not give permission for my child/children to receive medical treatment in case of emergency.

Name: _____

Date: _____

Emergency daytime contact number: _____

Signature: _____

STANTHORPE YMCA EXCURSION PERMISSION FORM

Kilpa Street Park

I, _____

DO / DO NOT

Consent for my child/children: _____

To participate in an excursion to **Kilpa Street Park on Thursday 30th June, 2016.**

The cost of this excursion will be **free**.

The children and staff will depart from the YMCA OSHC centre around **9:30am** and will return around **12.00pm**.

Travel will be by **foot**.

Travel time will be approximately **20 minutes each way**.

All staff members attending this excursion have current first aid and CPR training.

My son/daughter has the following special needs (please provide full details and include any relevant medical details):

I give / do not give permission for my child/children to receive medical treatment in case of emergency.

Name: _____

Date: _____

Emergency daytime contact number: _____

Signature: _____

STANTHORPE YMCA EXCURSION PERMISSION FORM

Stanthorpe YMCA

I, _____

DO / DO NOT

Consent for my child/children: _____

To participate in an excursion to **Stanthorpe YMCA Talc street** on **Tuesday 5th July, 2016**.

The cost of this excursion will be **Free**.

The children and staff will depart from the YMCA OSHC centre around **9.30am** and will return around **12:00pm**.

Travel will be by **foot**.

Travel time will be approximately **10 minutes each way**.

All staff members attending this excursion have current first aid and CPR training.

My son/daughter has the following special needs (please provide full details and include any relevant medical details):

I give / do not give permission for my child/children to receive medical treatment in case of emergency.

Name: _____

Date: _____

Emergency daytime contact number: _____

Signature: _____

STANTHORPE YMCA EXCURSION PERMISSION FORM

Warwick Twin Cinema

I, _____

DO / DO NOT

Consent for my child/children: _____

To participate in an excursion to **Warwick Twin Cinema** on **Thursday 7th July, 2016**.

The cost of this excursion will be **\$22.00**.

The children and staff will depart from the YMCA OSHC centre around **8:30am** and will return around **2:00pm**.

Travel will be by **bus**.

Travel time will be approximately **45 minutes each way**.

All staff members attending this excursion have current first aid and CPR training.

My son/daughter has the following special needs (please provide full details and include any relevant medical details):

I give / do not give permission for my child/children to receive medical treatment in case of emergency.

Name: _____

Date: _____

Emergency daytime contact number: _____

Signature: _____