



Novita OSHC – TeenZone

Vacation Care for Teenagers living with a disability and their siblings

Please complete and return to TeenZone, PO Box 2438, Regency Park SA 5942 by 25/11/09

Vacation Care Booking Request for Dec 2009 & Jan 2010 School Holidays

Teen's Name _____ Sibling Attending _____

Parent Name/Guardian _____ Phone _____

To assist with correspondence please confirm an email address that you use regularly:

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Please tick one:

- already attended TeenZone.
 not yet attended TeenZone.
 I am a new to TeenZone please send an Enrolment package

to: _____

Week 1 8am – 6pm	Monday – 14 Dec 09	Tuesday – 15 Dec 09	Wednesday - 16 Dec 09	Thursday 17 Dec 09	Friday – 18 Dec 09
Brief Activity Outline	Dress the Christmas Tree Christmas Activities –make something for United Care Residents Music, Games, Pm visit To Centro Arndale – Group Photo with Santa	Christmas Shopping @ IKEA \$ Lunch at IKEA Restaurant \$ Make a Christmas tree decoration @ IKEA	10 – 12 team games @ Parks OSHC Stadium Christmas Party Decorate Theatre for Novita Christmas Party: Families invited 4pm – 7pm	10.30 TeenZone visit the residents at United Care Wesley – Christmas Songs, Cards & Cheer Swimming 1-3	Excursion Big Vac Day Out - \$13 Mini golf ,animal farm, rock wall, chair o plane, jumping castles, face painting, live band & more
<input checked="" type="checkbox"/> or <input type="checkbox"/> Or enter names					
Drop off time					
Pick up time					
Comments	I would like to purchase group /individual photo y/n		Family Attending Christmas Party from ___pm - Number ____		

Week 2 8am – 6pm	Monday 21 Dec 09	Tuesday- 22 Dec 09	Wednesday- 23 Dec 09	Thursday- 24 Dec 09	Friday – 25 Dec 09
Brief Activity Outline	10 – 12 Craft Activities at Parks OSHC Make a Christmas lantern Bring Lunch or buy at Café	Music Morning Carols, Christmas Stories/Plays, Instruments including pianist Bring a plate for shared lunch	Cooking – Christmas treats to wrap up as presents for your family.	Christmas Eve – Novita Closed 24/12/09 to 10/1/10 inclusive	Christmas Day – Novita Closed
<input checked="" type="checkbox"/> or <input type="checkbox"/> Or enter names					
Drop off time					
Pick up time					
Comments			Cooking ideas:		

Week 3 8am – 6pm	Monday – 11 Jan 10	Tuesday – 12 Jan 10	Wednesday - 13 Jan 10	Thursday 14 Jan 10	Friday – 15 Jan 10
Brief Activity Outline	Hahndorf Farm Barn \$10 Leaving at 9am returning by 3pm	Music Morning With Pianist and percussion instruments, singing etc Swimming 1-3	Short Walk to Con & Poppy's Snack Bar to have lunch \$	Movies: Red Carpet Day – Make Popcorn Guests from Minda OSHC to join us at TeenZone	Excursion to Port Adelaide – Port Princess Dolphin Cruise \$6 Lunch at Port
✓ or x Or enter names					
Drop off time					
Pick up time					
Comments					

Week 4 8am – 6pm	Monday 18 Jan 10	Tuesday- 19 Jan 10	Wednesday- 20 Jan 10	Thursday- 21 Jan 10	Friday – 22 Jan 10
Brief Activity Outline	Gymnastics Music & movement Cooking Computers	Art & Craft Gymnastics Swimming 1-3	Excursion with Aberfoyle & Happy valley OSHC Footsteps Dance Program \$5 Lunch hot dogs & Ice Cream \$5	Group Activities/Games Cooking Swimming 1-3	TeenZone 1 st Birthday & Disco 1-3 with DJ: FishtheFatMan Prizes, games, dancing \$5
✓ or x Or enter names					
Drop off time					
Pick up time					
Comments					

Please note a booking deposit may be required to confirm your booking dates.

For cancellations, 24 hours notice is required to avoid being charged the full price.

Charges before Child Care Benefit CCB:

Full Day \$34.70 (between 8am and 6pm) **Half Day** \$17.35 (between 8am – 1pm or between 1pm- 6pm)

A detailed program will be forwarded to you with your booking confirmation for the Dec/Jan TeenZone Vacation Care Program.

I, _____ agree to all terms and conditions for my child to attend Novita OSHC TeenZone and understand that TeenZone will do their best to meet the booking needs requested above.

I give permission for my child/ren to attend all activities planned on the day my child is booked in to TeenZone, including swimming, excursion, travel in access cabs/Novita car/public transport as required with OSHC staff supervision. My child will have all their personal requirements with them each day including: any medication required, health care plans, hat, change of clothes, recess, lunch, afternoon tea, drink bottle, money for in/excursions if required. All personal property is labelled with my child's name (including shoes and jumpers). I will notify the OSCH Coordinator of any changes to my child's health care needs as they arise. I understand that I am responsible for the payment of the OSHC account within seven days of receipt.

Signed _____

Date _____

Is there any other information about your child/ren you can include to assist TeenZone staff provide quality care.

Please provide us with your feedback/comments re: your families experience at TeenZone, TeenZone staff, TeenZone program and any suggestions or concerns you may have.

Please attach further information to this document if required