



ADAMSTOWN OOSH Inc.

Summer Vacation Care Booking Form  
Monday 5<sup>th</sup> January – Friday 30<sup>th</sup> January 2026

*About Us*

We are a not for profit out of school hours' care service run by a parent committee. We cater to the students of Adamstown Public School during term time and open bookings to surrounding schools during vacation care. **Vacation Care is located at the Adamstown Public School site** and entry is via the main gates at 1A Bryant Street.

*Program Information*

Adamstown Public School Families are offered priority access to vacation care in Week 6 each term. Bookings are open to surrounding schools in Week 7. Bookings will be allocated on a first in, first served basis however Priority of Access is allocated in accordance with the National Guidelines as listed below.

- Priority 1 – A child at risk of serious abuse or neglect
  - Priority 2 – Already enrolled children at the service and their siblings
  - Priority 3 – A child of a single parent who satisfies, or of parents who both satisfy, the CCS Activity Test through paid work or study.
  - Priority 4 – any other child
- The main activities for the day are scheduled between 9am and 3pm each day
  - **We do not supply breakfast** during vacation care so please ensure that children are fed before they arrive to the service.
  - A healthy and nutritious afternoon tea is offered to children each afternoon from 3.30pm
  - Please ensure your child is at the Centre by **9am** on excursion days
  - Please note that Adamstown OOSH is a NUT FREEZONE. Please help us keep our kids with anaphylaxis safe and ensure that you **do not** send your child with Nutella, peanut butter and any nut products.
  - Please ensure that your children are dressed for fun and messy play each day
  - What you need to bring
    - ✓ Drink bottle, morning tea and lunch, hat, enclosed shoes and shirts/Dresses with sleeves for sun safety.

*Medication*

If your child requires medication you will need to complete a medication form in accordance with our medication policy. Please ask our Educators when you enroll.

*Fees*

The fees are \$70 per day for day camps, \$75 per day for Incursions and \$85 per day for tier 2 excursions & \$95 per day for tier 1 excursions.

**Term 4 accounts must be paid in full prior to attending Vacation Care.** Any bookings made for Vacation Care can be removed before the last day of Term 4, 19<sup>th</sup> December without charge. After that date, any bookings that are cancelled by families are still charged to their account to make sure the Vacation Care period is financially viable.

*Excursions*

Excursion changes are dependent on relevant risk assessments and weather conditions

*Centre Policies*

Any parents not familiar with the Adamstown OOSH policies can obtain a copy of the Parent Handbook from the center. Please ensure that you sign all relevant sections of the Excursion authorisation. Your child will be unable to attend unless the authorisations are signed.



# ADAMSTOWN OOSH Inc. Summer Vacation Care Booking Form

Monday 5<sup>th</sup> January – Friday 30<sup>th</sup> January 2026

- ✓ Return by email to [admin@adamstownoosh.com.au](mailto:admin@adamstownoosh.com.au)
- ✓ Hand deliver to Adamstown OOSH at Adamstown Public School between 7-9am and 2-6pm
- ✓ For further enquiries please call us on 0429 966 674

## Parent/ Guardian details

Full Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## Child 1 details

Full Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: Female/ Male **please circle**

School child attends: \_\_\_\_\_

My child suffers from **please tick all that apply and complete form if haven't already done so**

- ☐ Anaphylaxis *Please ensure you have completed a risk minimisation form & ASCIA action plan*
- ☐ Allergy *Please ensure you have completed a risk minimisation form & ASCIA action plan*
- ☐ Asthma *Please ensure you have completed a risk minimisation form & Asthma action plan*
- ☐ Other *Please ensure you have completed a risk minimisation form & Medical Alert form*

My child will need to take medications during vacation care **please tick**

- ☐ No
- ☐ Yes *Please ensure you complete a medication Administration Form*

## Child 2 details

Full Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: Female/ Male **please circle**

School child attends: \_\_\_\_\_

My child suffers from **please tick all that apply and complete form if haven't already done so**

- ☐ Anaphylaxis *Please ensure you have completed a risk minimisation form & ASCIA action plan*
- ☐ Allergy *Please ensure you have completed a risk minimisation form & ASCIA action plan*
- ☐ Asthma *Please ensure you have completed a risk minimisation form & Asthma action plan*
- ☐ Other *Please ensure you have completed a risk minimisation form & Medical Alert form*

My child will need to take medications during vacation care **please tick**

- ☐ No
- ☐ Yes *Please ensure you complete a medication Administration Form*

## Child 3 details

Full Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: Female/ Male **please circle**

School child attends: \_\_\_\_\_

My child suffers from **please tick all that apply and complete form if haven't already done so**

- ☐ Anaphylaxis *Please ensure you have completed a risk minimisation form & ASCIA action plan*
- ☐ Allergy *Please ensure you have completed a risk minimisation form & ASCIA action plan*
- ☐ Asthma *Please ensure you have completed a risk minimisation form & Asthma action plan*
- ☐ Other *Please ensure you have completed a risk minimisation form & Medical Alert form*

My child will need to take medications during vacation care **please tick**

- ☐ No
- ☐ Yes *Please ensure you complete a medication Administration Form*

## Child 4 details

Full Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: Female/ Male **please circle**

School child attends: \_\_\_\_\_

My child suffers from **please tick all that apply and complete form if haven't already done so**

- ☐ Anaphylaxis *Please ensure you have completed a risk minimisation form & ASCIA action plan*
- ☐ Allergy *Please ensure you have completed a risk minimisation form & ASCIA action plan*
- ☐ Asthma *Please ensure you have completed a risk minimisation form & Asthma action plan*
- ☐ Other *Please ensure you have completed a risk minimisation form & Medical Alert form*

My child will need to take medications during vacation care **please tick**

- ☐ No
- ☐ Yes *Please ensure you complete a medication Administration Form*

<b>Vacation Care</b>	<b>Full fee Cost \$</b>	<b>Child 1</b>	<b>Child 2</b>	<b>Child 3</b>	<b>Child 4</b>
Monday January 5 <sup>TH</sup> – <b>The Yard Newcastle</b>	<b>\$85</b>				
Tuesday January 6 <sup>TH</sup> – <b>Nature Experience</b>	<b>\$85</b>				
Wednesday January 7 <sup>TH</sup> – <b>Flip Out</b>	<b>\$85</b>				
Thursday January 8 <sup>TH</sup> – <b>Slime &amp; Rocket Masterclass</b>	<b>\$75</b>				
Friday January 9 <sup>TH</sup> – <b>9D Cinema</b>	<b>\$75</b>				
Monday January 12 <sup>TH</sup> – <b>Dolphin Cruise &amp; Boom Net (limited spots available)</b>	<b>\$95</b>				
Tuesday January 13 <sup>TH</sup> – <b>Minute To Win it, Trivia &amp; Disco</b>	<b>\$75</b>				
Wednesday January 14 <sup>TH</sup> – <b>Zootopia 2</b>	<b>\$85</b>				
Thursday January 15 <sup>TH</sup> – <b>Great Aussie Bush Camp</b>	<b>\$95</b>				
Friday January 16 <sup>TH</sup> – <b>Carnival Fun Day</b>	<b>\$75</b>				
Monday January 19 <sup>TH</sup> – <b>Treasure Hunt Day</b>	<b>\$70</b>				
Tuesday January 20 <sup>TH</sup> – <b>Spongebob the Movie</b>	<b>\$85</b>				
Wednesday January 21 <sup>ST</sup> – <b>Phoenix Farm</b>	<b>\$95</b>				
Thursday January 22 <sup>ND</sup> – <b>Summer splash Camp</b>	<b>\$75</b>				
Friday January 23 <sup>RD</sup> – <b>DIY Doughheads</b>	<b>\$75</b>				
Monday January 26 <sup>TH</sup> – <b>Public Holiday</b>					
Tuesday January 27 <sup>TH</sup> - <b>K POP Disco</b>	<b>\$75</b>				
Wednesday January 28 <sup>TH</sup> – <b>Ninja Parc</b>	<b>\$85</b>				
Thursday January 29 <sup>TH</sup> - <b>Oakvale Farm</b>	<b>\$95</b>				
Friday 30 <sup>TH</sup> - <b>Little People's Nutrition</b>	<b>\$75</b>				

Parent Authorisations		Please tick	Initial
I give permission for OOSH staff on placement to film or photograph children for their assessments.		Yes <input type="checkbox"/> No <input type="checkbox"/>	
I give permission for staff to photograph my child/ren for the Adamstown OOSH Inc. Facebook page.		Yes <input type="checkbox"/> No <input type="checkbox"/>	
I give permission for staff to photograph my child/ren for the Adamstown OOSH publicity brochures and program evaluation of the centre program		Yes <input type="checkbox"/> No <input type="checkbox"/>	
I give permission for staff to apply insect repellent to my child/ren as required?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
I give permission for my child/ren to have their face painted during programmed activities.		Yes <input type="checkbox"/> No <input type="checkbox"/>	
I give permission for my child/ren to have their hair decorated with coloured hairspray and/or hair chalk.		Yes <input type="checkbox"/> No <input type="checkbox"/>	
I have completed any additional information relevant to my child/ren ➤ Risk Minimisation Form ➤ Medical Alert/ Asthma Management Plan/ Allergy/ Anaphylaxis Alert ➤ Behaviour Management Plan		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
<p>I agree to abide by all policies of Adamstown OOSH Inc. I have read and give consent for my child/ren to participate in the activities as outlined in the risk assessments available via email or at the center.</p> <p>I give permission for my child to attend all excursions indicated on enrolment and participate in all activities that are confirmed which they are booked in for. I understand that this may require travel by bus (hire or public) or walking.</p> <p>I have read the above information and conditions and understand that there is no swapping or cancellation of days past Friday the 19<sup>th</sup> of December and any changes to bookings made after this date I will be charged for.</p> <p>I authorise the approved provider, nominated supervisor or educator to seek urgent medical, dental and hospital treatment including transportation by ambulance for my child/ren in the case of an accident/injury and I take responsibility for all costs involved.</p> <p>I have read the Adamstown OOSH Inc. policies and procedures and abide by the conditions of the use of the service and accept such responsibility as enrolment that the service imposes.</p> <p>I understand that non-payment of fees and/or breaches of the Adamstown OOSH Inc. policies may result in cancellation of my child/ren's place.</p> <p>I understand that if I leave the center and have an outstanding debt the center will give my details to a debt collector to recover the debt and I will be liable for any costs.</p>			
Parent Name:		Parent Signature:	Date:

**Personal Information is required under the Children and Young Persons (Care and Protection) Act 1998. It will be held securely in a locked file and available to staff employed with Adamstown OOSH Inc.**



## Excursion Authorisation Form

An authorisation form must be completed for all children prior to their attendance on an excursion. If we do not receive a completed authorisation form, the child's place on the excursion will be forfeited.

**Please note - the Excursion Authorisation Form must only be completed for Excursions that your child is booked in for.**

Please read the attached information outlining the details of each excursion.

Child/ren's name: \_\_\_\_\_

I acknowledge that I have read the information linked above outlining the details of each excursion:

☐ I have read the information linked above.

I authorise my child to attend the following excursions:

☐ The Yard

☐ Richley's Reserve

☐ Flip Out

☐ Dolphin Cruise

☐ Zootopia Movie

☐ Great Aussie Bush Camp

☐ Spongebob Movie

☐ Phoenix Farm

☐ Ninja Parc & Clip 'n' Climb

☐ Oakvale Wildlife Park

Parent's name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

## **Excursion Information**

**Excursion:**

The Yard

**Date of excursion:**

Monday 5th of January

**The reason the child is to be taken outside the premises:**

To engage the children in hands-on experiences that develop problem solving skills in an outdoor STEM play experience designed for large-scale builds, scientific investigation and experimental learning as part of the planned program.

**A description of the proposed destination for the excursion (address and location):**

57 Station Street, Waratah

**The means of transport (for example 50 seater Sid fogs coach):**

57 seater Sid Fog Coach

**Requirements for seatbelts or safety restraints:**

All children will have seat belts on the bus and will be required to wear them during transportation

**The proposed activities to be undertaken by the child during the excursion:**

Moving from bus collection to The Yard venue, engaging in the hands-on experience, moving from The Yard venue to bus collection.

**Time period the child will be away from the premises:**

9:40am – 12:30pm

**The anticipated number of children likely to be attending the excursion:**

50

**The anticipated ratio of educators to children attending the excursion:**

1 Educator: 8 Children

**The anticipated number of staff members:**

7

**Any other adults who will accompany and supervise the children on the excursion:**

N/A

**Please note:**

A risk assessment has been completed prior to this excursion and may be viewed at any time.

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## **Excursion Information**

**Excursion:**

Richley Reserve

**Date of excursion:**

Tuesday 6<sup>th</sup> of January

**The reason the child is to be taken outside the premises:**

Visit Richley Reserve, meet up with Ranger Jaimie and participate in an exciting nature experience as part of the planned program.

**A description of the proposed destination for the excursion (address and location):**

Freyberg Street, New Lambton

**The means of transport (for example 50 seater Sid fogs coach):**

57 seater Sid Fog Coach

**Requirements for seatbelts or safety restraints:**

All children will have seat belts on the bus and will be required to wear them during transportation

**The proposed activities to be undertaken by the child during the excursion:**

Moving from bus collection to meet up point at Richley's Reserve, participating in waterworks activity, construction of bird houses, habitat making and bug catching activities, moving from Richley's Reserve to bus collection.

**Time period the child will be away from the premises:**

9:30am – 2:30pm

**The anticipated number of children likely to be attending the excursion:**

50

**The anticipated ratio of educators to children attending the excursion:**

1 Educator: 8 Children

**The anticipated number of staff members:**

7

**Any other adults who will accompany and supervise the children on the excursion:**

N/A

**Please note:**

A risk assessment has been completed prior to this excursion and may be viewed at any time.

## **Excursion Information**

**Excursion:**

Flip Out

**Date of excursion:**

Wednesday 7<sup>th</sup> January

**The reason the child is to be taken outside the premises:**

To visit Flip Out and play at the trampoline park as part of the planned program.

**A description of the proposed destination for the excursion (address and location):**

30 Pearson Street, Charlestown

**The means of transport (for example 50 seater Sid fogs coach):**

57 seater Sid Fogs Coach

**Requirements for seatbelts or safety restraints:**

All children will have seat belts on the bus and will be required to wear them during transportation

**The proposed activities to be undertaken by the child during the excursion:**

Moving from bus collection to Flip Out, playing at the trampoline park during the excursion, moving from Flip Out to bus collection.

**Time period the child will be away from the premises:**

9:40am – 12:30pm

**The anticipated number of children likely to be attending the excursion:**

50

**The anticipated ratio of educators to children attending the excursion:**

1 Educator: 8 Children

**The anticipated number of staff members:**

7

**Any other adults who will accompany and supervise the children on the excursion:**

N/A

**Please note:** A risk assessment has been completed prior to this excursion and may be viewed at any time.

## **Excursion Information**

**Excursion:**

Dolphin Cruise

**Date of excursion:**

Monday 12<sup>th</sup> January

**The reason the child is to be taken outside the premises:**

To get on a Moon Shadows dolphin cruise, cruise around the bay watching dolphins, swim in the boom net as part of the planned program.

**A description of the proposed destination for the excursion (address and location):**

42/52 Victoria Parade, Nelson Bay

**The means of transport (for example 50 seater Sid fogs coach):**

57 seater Sid Fogs Coach

**Requirements for seatbelts or safety restraints:**

All children will have seat belts on the bus and will be required to wear them during transportation

**The proposed activities to be undertaken by the child during the excursion:**

Moving from bus collection to depart from Dock D on a cruise boat, watch dolphins swim around the bay and the boat, child can get in the boom net, moving from the cruise boat at Dock D to bus collection.

**Time period the child will be away from the premises:**

9:00am – 1:15pm

**The anticipated number of children likely to be attending the excursion:**

40

**The anticipated ratio of educators to children attending the excursion:**

1 Educator: 4 Children

**The anticipated number of staff members:**

10

**Any other adults who will accompany and supervise the children on the excursion:**

N/A

**Please note:**

A risk assessment has been completed prior to this excursion and may be viewed at any time.

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## **Excursion Information**

**Excursion:**

Event Cinemas Glendale - Zootopia

**Date of excursion:**

Wednesday 14<sup>th</sup> January

**The reason the child is to be taken outside the premises:**

Visit Event Cinemas Glendale to watch the movie Zootopia as part of the planned program.

**A description of the proposed destination for the excursion (address and location):**

387 Lake Road, Glendale

**The means of transport (for example 50 seater Sid fogs coach):**

80 seater Sid Fogs Coach

**Requirements for seatbelts or safety restraints:**

All children will have seat belts on the bus and will be required to wear them during transportation

**The proposed activities to be undertaken by the child during the excursion:**

Moving from bus collection to Event Cinemas Glendale, seated in the cinema to watch the movie, moving from Event Cinemas Glendale to bus collection.

**Time period the child will be away from the premises:**

9:15am - 12:45pm

**The anticipated number of children likely to be attending the excursion:**

70

**The anticipated ratio of educators to children attending the excursion:**

1 Educator: 8 Children

**The anticipated number of staff members:**

10

**Any other adults who will accompany and supervise the children on the excursion:**

N/A

**Please note:**

A risk assessment has been completed prior to this excursion and may be viewed at any time.

## **Excursion Information**

**Excursion:**

Great Aussie Bush Camp

**Date of excursion:**

Thursday 15<sup>th</sup> January

**The reason the child is to be taken outside the premises:**

Visit the Great Aussie Bush Camp, participate in adventure activities such as giant swing, flying fox, archery and team building challenges as part of the planned program.

**A description of the proposed destination for the excursion (address and location):**

Wec Camp, 30 Nentoura Road, Morisset

**The means of transport (for example 50 seater Sid fogs coach):**

80 seater Sid Fogs Coach

**Requirements for seatbelts or safety restraints:**

All children will have seat belts on the bus and will be required to wear them during transportation

**The proposed activities to be undertaken by the child during the excursion:**

Moving from bus collection to meeting point at the camp, participate with camp supervisors in adventure activities, moving from the meeting point at camp to bus collection.

**Time period the child will be away from the premises:**

8:30am – 3:00pm

**The anticipated number of children likely to be attending the excursion:**

70

**The anticipated ratio of educators to children attending the excursion:**

1 Educator: 8 Children

**The anticipated number of staff members:**

10

**Any other adults who will accompany and supervise the children on the excursion:**

N/A

**Please note:**

A risk assessment has been completed prior to this excursion and may be viewed at any time.

## **Excursion Information**

**Excursion:**

Event Cinemas Glendale – Spongebob Movie

**Date of excursion:**

Tuesday 20<sup>th</sup> January

**The reason the child is to be taken outside the premises:**

Visit Event Cinemas Glendale to watch the Spongebob Movie as part of the planned program.

**A description of the proposed destination for the excursion (address and location):**

387 Lake Road, Glendale

**The means of transport (for example 50 seater Sid fogs coach):**

80 seater Sid Fogs Coach

**Requirements for seatbelts or safety restraints:**

All children will have seat belts on the bus and will be required to wear them during transportation

**The proposed activities to be undertaken by the child during the excursion:**

Moving from bus collection to Event Cinemas Glendale, seated in the cinema to watch the movie, moving from Event Cinemas Glendale to bus collection.

**Time period the child will be away from the premises:**

9:15am - 12:45pm

**The anticipated number of children likely to be attending the excursion:**

70

**The anticipated ratio of educators to children attending the excursion:**

1 Educator: 8 Children

**The anticipated number of staff members:**

10

**Any other adults who will accompany and supervise the children on the excursion:**

N/A

**Please note:**

A risk assessment has been completed prior to this excursion and may be viewed at any time.

## **Excursion Information**

**Excursion:**

Phoenix Park Farm

**Date of excursion:**

Wednesday 21<sup>st</sup> January

**The reason the child is to be taken outside the premises:**

Visit Phoenix Farm, participate in hands-on farm activities such as harvesting fruits/vegetables, using harvested foods to make our own food and feed chickens as part of the planned program.

**A description of the proposed destination for the excursion (address and location):**

85 Mcfadyens Road, Phoenix Park

**The means of transport (for example 50 seater Sid fogs coach):**

80 seater Sid Fogs Coach

**Requirements for seatbelts or safety restraints:**

All children will have seat belts on the bus and will be required to wear them during transportation

**The proposed activities to be undertaken by the child during the excursion:**

Moving from bus collection to meeting point at the farm, participate in hands-on farm activities, moving from the meeting point at the farm to bus collection.

**Time period the child will be away from the premises:**

9:00am – 2:30pm

**The anticipated number of children likely to be attending the excursion:**

70

**The anticipated ratio of educators to children attending the excursion:**

1 Educator: 8 Children

**The anticipated number of staff members:**

10

**Any other adults who will accompany and supervise the children on the excursion:**

N/A

**Please note:**

A risk assessment has been completed prior to this excursion and may be viewed at any time.

## **Excursion Information**

**Excursion:**

Ninja Parc & Clip n Climb

**Date of excursion:**

Wednesday 28<sup>th</sup> January

**The reason the child is to be taken outside the premises:**

To visit the Ninja Parc & Clip and Climb Centre to play as part of the planned program.

**A description of the proposed destination for the excursion (address and location):**

Ninja Parc Newcastle, Corner Darby and Tooke St, Cooks Hill

**The means of transport (for example 50 seater Sid fogs coach):**

80 seater Sid Fogs Coach

**Requirements for seatbelts or safety restraints:**

All children will have seat belts on the bus and will be required to wear them during transportation

**The proposed activities to be undertaken by the child during the excursion:**

Moving from bus collection to Ninja Parc & Clip N Climb, playing in Ninja parc and climbing walls during the excursion, moving from Ninja Parc & Clip N Climb to bus collection.

**Time period the child will be away from the premises:**

9:30am - 12:45pm

**The anticipated number of children likely to be attending the excursion:**

70

**The anticipated ratio of educators to children attending the excursion:**

1 Educator: 8 Children

**The anticipated number of staff members:**

10

**Any other adults who will accompany and supervise the children on the excursion:**

N/A

**Please note:** A risk assessment has been completed prior to this excursion and may be viewed at any time.

## **Excursion Information**

**Excursion:**

Oakvale Farm

**Date of excursion:**

Thursday 29<sup>th</sup> January

**The reason the child is to be taken outside the premises:**

To visit Oakvale Farm, walk around and feed the farm animals, participate in milking a cow and feeding the baby animals, play at the splash zone as part of the planned program.

**A description of the proposed destination for the excursion (address and location):**

3 Oakvale Drive, Salt Ash

**The means of transport (for example 50 seater Sid fogs coach):**

80 seater Sid Fogs Coach

**Requirements for seatbelts or safety restraints:**

All children will have seat belts on the bus and will be required to wear them during transportation

**The proposed activities to be undertaken by the child during the excursion:**

Moving from bus collection to meeting point at Oakvale Farm, participate in animal feeding, walking around to see the animals, moving from Ninja Parc & Clip N Climb to bus collection.

**Time period the child will be away from the premises:**

9:00am – 2:00pm

**The anticipated number of children likely to be attending the excursion:**

60

**The anticipated ratio of educators to children attending the excursion:**

1 Educator: 5 Children

**The anticipated number of staff members:**

12

**Any other adults who will accompany and supervise the children on the excursion:**

N/A

**Please note:** A risk assessment has been completed prior to this excursion and may be viewed at any time.