



PCYC HAWKESBURY SUMMER SCHOOL HOLIDAY ACTIVITIES

During the December/January School Holiday period PCYC Hawkesbury will be running 5 weeks' worth of activities for children aged 5-12 years.

Week 1: Monday 18th – Thursday 21st December 2023

Week 2: Tuesday 2nd – Friday 5th January 2024

Week 3: Monday 8th – Friday 12th January 2024

Week 4: NO ACTIVITIES

Week 5: Monday 22nd – Thursday 25th January 2024 (Friday 26th Public Holiday)

Week 6: Monday 29th – Wednesday 31st January 2024

| Cost Per Child | Sign In | Sign Out |
|---|---|--|
| FULL DAY ACTIVITIES \$48/day EARLY BIRD*: 3 days or \$125 OR 5 days for \$200! <small>*only available until 11th December 2023</small> Free Play 8:30am till 9:00am Programmed activities 9:00am till 3:00pm | 8:30am-9:00am Flexible drop-off option available from 7:30am till 8:30am for additional \$10 per child | 3:00pm Flexible pick-up option available from 3:00pm till 4:00pm for additional \$10 per child |
| What to wear: comfortable clothes suitable for sports, <u>enclosed</u> shoes with socks. Please note that some activities may be messy. Feel free to pack art smock or extra clothes. | What to bring: a labelled bag to hold belongings, water bottle, recess, lunch, and afternoon tea. Note: mobile phones and electronic devices are not permitted for use during our program. They must remain in bags at all times. | |

Please complete the form below:

| First Name | Last Name | D.O.B. | Medical Conditions <small>*please refer to medical form on back.</small> |
|---|-----------|---------------|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| Emergency Contact Details of Parent / Guardian: | | | |
| Full Name | | Relationship | |
| Contact Number | | Date of Birth | |
| Email | | | |
| Address | | | |

PAYMENT DETAILS (required if booking via email)

Please Circle: FAMILY CREDIT VISA ACTIVE KIDS MASTERCARD

CARD #:

Name on Card:

Signature:

Expiry:

CVC#:

Note: Staff, please dispose of these details once the booking has been processed.



To enrol please place your child's number (1,2,3,4) in the selection column

| Week 1 | Activities (9am to 4pm) | | | | Selection |
|---|--|------------------------------------|---------------------------------------|----------------------|-----------|
| Mon 18 th Dec | DIY Baubles | Dodgeball | Relay Races | Sport/Craft Activity | |
| Tues 19 th Dec | Xmas Puppets | Trivia | Puzzle Challenge | Sport/Craft Activity | |
| Wed 20 th Dec | Mini Wreath | Christmas Bingo | Candy Cane Hunt | Sport/Craft Activity | |
| Thurs 21 st Dec | DIY Ornaments | Scavenger Hunt | Reindeer Food | Sport/Craft Activity | |
| Fri 22 nd Dec | CLOSED – PUBLIC HOLIDAY | | | | |
| | | | | TOTAL | |
| Week 2 | Activities (9am to 4pm) | | | | Selection |
| Mon 1 st Jan | CLOSED – PUBLIC HOLIDAY | | | | |
| Tues 2 nd Jan "Mini Olympics" | Mini Olympics Activity | Team Flag Decorating | Dodgeball Tournament | Sport/Craft Activity | |
| Wed 3 rd Jan "Healthy Hearts" | Kids Bootcamp | Wellbeing Workshop | Healthy Plate craft | Sport/Craft Activity | |
| Thurs 4 th Jan "Craft Mania" | Craft Rotation 1 – "what dreams are made of" | | "Craft rotation 2 – "Kids DIY Corner" | Sport/Craft Activity | |
| Fri 5 th Jan "The Amazing Race" | The Amazing Race Activity | Puzzle Race | Multi-Sport Tournament | Sport/Craft Activity | |
| | | | | TOTAL | |
| Week 3 | Activities (9am to 4pm) | | | | Selection |
| Mon 8 th Jan "Race Day" | Relay Races | Puzzle Challenge | Drawing Challenge | Sport/Craft Activity | |
| Tues 9 th Jan "Better Together" | Team Building Games & Lego | Trivia | Team Clay Challenge | Sport/Craft Activity | |
| Wed 10 th Jan "Sporting Stars" | Oz tag Skills and Drills | Multi-sports | Sport Craft | Sport/Craft Activity | |
| Thurs 11 th Jan "Let's Get Crafty" | Craft Rotation 1: Paper mania | Craft Rotation 2: outer space | Craft Rotation 3: sand art | Sport/Craft Activity | |
| Fri 12 th Jan "Game Show" | Celebrity Heads & Minute 2 win it | Bingo + Charades | Interactive Games | Sport/Craft Activity | |
| | | | | TOTAL | |
| Week 4 | Activities (9am to 4pm) | | | | Selection |
| 15 th – 19 th Jan | CLOSED – NO ACTIVITIES | | | | |
| Week 5 | Activities (9am to 4pm) | | | | Selection |
| Mon 22 nd Jan "PCYC Fun Day" | Games 2 U | Magic Show | Dodgeball Tournament | Sport/Craft Activity | |
| Tues 23 rd Jan "Meet My Squad - teamwork day" | Cricket Clinic with Sydney Thunder | Basketball Skills and Drills | Soccer Skills and Drills | Sport/Craft Activity | |
| Wed 24 th Jan "Wacky Wednesday" | Reptile Show | Silent Disco | Wacky Craft + Games | Sport/Craft Activity | |
| Thurs 25 th Jan "Aussie Aussie Aussie" | Aboriginal Dot Painting | Australia Craft | Interactive Games | Sport/Craft Activity | |
| Fri 26 th Jan | CLOSED – PUBLIC HOLIDAY | | | | |
| | | | | TOTAL | |
| Week 6 | Activities (9am to 4pm) | | | | Selection |
| Mon 29 th Jan "PJ Party" | Bop 'till you drop Disco | Cookie Decorating | Interactive Games | Sport/Craft Activity | |
| Tues 30 th Jan "Heros" | Emergency Services Visit | Cricket Clinic with Sydney Thunder | Trivia | Sport/Craft Activity | |
| Wed 31 st Jan "Legends of Sport" | Oz tag | Soccer | Basketball | Sport/Craft Activity | |
| | | | | TOTAL | |

| | |
|-------|--|
| TOTAL | |
|-------|--|



Late Pick Up 3:00pm till 4:00pm - \$10 per child

Pick up by 4:00pm or an additional fee of \$10 per child will be charged

Lunch Order Options (ORDER AND PAY ON THE DAY)

Bacon and Cheese Pizza
\$4

Sausage Roll \$4
Meat Pie \$5.50

Sauce \$0.50

PCYC HAWKESBURY SUMMER HOLIDAY ACTIVITIES

PLEASE TICK EACH BOX - I acknowledge and agree:

- ☐ There is an annual **\$15 PCYC membership fee** for my child to participate in the school holiday program.
- ☐ **DROP OFF: 8:30-9:00 PICK UP: 3:00pm**
- ☐ **Late pick up available from 4:00pm till 5:00pm for an additional \$10 per child**
- ☐ I agree to the school holiday activity fee, and I understand that it is to be paid in full when booking to secure a spot and is non-refundable.
- ☐ I accept full responsibility for my child/ren's personal belongings.
- ☐ PCYC Hawkesbury is authorised to obtain medical assistance required in the event of any unforeseen accident or illness and I agree to meet any expenses attached hereto.
- ☐ I accept full responsibility for my child/ren's behaviour during the program and in the event of misbehaviour, I will be contacted and asked to collect my child/ren.
- ☐ I, the undersigned, agree that neither the PCYC nor its partners are liable for any losses, damage and/or injury occurred and/or sustained by my child/ren in attending the School Holiday Program.
- ☐ **I, the parent/guardian, have read and agree to the attached Essential Information and agree to terms and conditions outlined.**

I _____ declare that I understand and agree to the indemnity statement acknowledgements and terms and conditions of school holiday activities at PCYC Hawkesbury. I have read and understood the terms and conditions.

Sign

Date

Staff member

SCHOOL HOLIDAY ACTIVITY PAYMENT ONLY:

| Office Use only: | | | |
|------------------|-------|------------|--------|
| Total paid: | Date: | Receipt #: | Staff: |
| Payment method: | CASH | CARD | CKR |

BOOKING IS NOT CONFIRMED UNTIL YOU HAVE MADE FULL PAYMENT.



Terms and Conditions:

- Please return the enclosed enrolment form to the PCYC Hawkesbury as soon as possible. Places are limited and will book out.
- Forms can be submitted by either handing them into the club, or emailing them to hawkesbury@pcycnsw.org.au Subject: **SUMMER SCHOOL HOLIDAY ACTIVITIES**
- Enrolment will only be confirmed upon full receipt of payment and completion of booking forms.
- All participants must be a current PCYC member to take part in the holiday program.
- Full payment is required upon booking, bookings will not be confirmed or reserved without full payment.
- Creative/Active Kids Vouchers can be used in some programs (please check with your local centre). All vouchers must be downloaded via Service NSW before they can be used to book programs. No programs can be booked using a voucher if you have not provided a copy of the voucher to PCYC NSW and the full monetary value must be paid.
- All participants must be signed in and out of the program each day. You will be asked to check medical details, contact numbers and ensure that the child has adequate food for the day.
- Please provide details of person picking up child at the end of the day on the sign in process. If circumstances are to change then please contact the centre to provide details of who will be picking up if listed differently on the form.
- Children aged 15 and over (only) can be permitted to make their own way home on conditions that: 1. A written, and signed letter is provided outlining the details by the Guardian, and 2. The individual situation is discussed with the centre manager, who has the ability to approve or not approve each individual case. The participant will still be required to sign themselves out of the program at the end of the day.
- Except for any liability which cannot be excluded by law, PCYC is not liable for any loss or damage suffered by any person as a result of that person's participation in the holiday program.

Program Times:

- Children must be signed in and out of all programs by a parent/caregiver. Sign in 8:30am and sign out 3pm.
- Program officially starts at 9:00am and finishes at 3:00pm.
- Late pick up available from 3:00pm till 4:00pm for an additional \$10 per child. Staff MUST be made aware if you plan on utilizing the late pick-up option.

Class Cancellations:

- Once booked in for holiday program, all bookings are non – refundable, including change of mind or days. A child can be provided with 'family credit' to the value of booking if a valid medical certificate can be provided for the day scheduled to attend prior to the start of the day.
- A family credit booking can be used within 12 months from the date of issue, however, cannot be used to book into any program that is at full capacity. All bookings are subject to availability.

Inappropriate Behaviour:

- Rules are established for the safety and well-being of all participants. Disregarding rules may result in exclusion from the program following consultation with program staff and parents/guardians.
- If a participant displays inappropriate behaviour, staff will speak to the participant about the rules and positively reinforce alternative behaviour. If no improvement is seen the participant will be given time out.
- If a participant physically harms another child or staff, time out will be given, and the parent/guardian contacted.
- For other serious incidents, the participant's parent/guardian will be contacted and required to collect their child from the facilities.

What to bring:

- Enclosed shoes appropriate for a wide range of activities
- Appropriate comfortable clothing suitable for activities and weather conditions
- Morning tea, lunch, afternoon tea and a refillable water bottle.
- Any medicines or medical equipment required (see medical notes below)
- Please clearly label ALL items brought to the Police Citizens Youth Club. PCYC takes no responsibility for lost property. Families are advised not to bring valuables to the club, and to label all personal belongings.

What not to bring:

- No mobile phone / electronic devices.
- If, for safety, reasons your child needs to have their phone with them this will need to be put in writing.



Medication / Allergies /Special Needs:

- PCYC NSW staff can only administer medications that are in the original packaging with original pharmacy label, or a script signed by a medical professional. We cannot administer medication without this information.
- Program staff will administer basic first aid where required and PCYC NSW has the right to contact an ambulance if deemed necessary by the staff.
- If a participant becomes ill or is displaying signs of cold or flu like symptoms a staff member will contact parent/carer and discuss appropriate action in line with current Government COVID-19 protocols.
- In the case of an emergency, staff will directly contact the participant's emergency contacts on the membership form.

Health & Medical Form

| Child's Full Name | DOB | PCYC Membership Number |
|-------------------|-----|------------------------|
| | | |

Parent/Guardian & Emergency Contact Information

| | |
|--------------------------|--|
| Name & Relationship | |
| Address | |
| Phone | |
| Email | |
| Second Emergency Contact | |
| Name & Relationship | |
| Phone | |

Health, Medical Conditions & Complex Behaviour

1. Has your child been diagnosed with any of the following medical conditions?

- ☐ Epilepsy
- ☐ Anaphylaxis – Please provide ASCIA Action Plan for Anaphylaxis
- ☐ Asthma – Please provide Asthma Action Plan
- ☐ Sensory deficits – i.e. visually and/or hearing impaired
- ☐ Language delay – i.e. expressive or receptive communication delay

2. Has your child been diagnosed and/or known to display any of the following behaviors?

- ☐ Autism spectrum disorder
- ☐ Attention deficit order
- ☐ Challenging behaviors
- ☐ Physical and/or verbal aggression towards others
- ☐ Absconding
- ☐ Sexually abusive behaviors
- ☐ Self-harm
- ☐ Sensory aversion – i.e., hypersensitivity, loud sounds etc.

Health & Medical Form

3. Regarding any challenging behavior please fill out the table below to help better understand how to support your child

| Identified behaviour e.g. physical aggression | Warning Signs e.g starts pacing the room | Known triggers e.g opposition to any request | Strategies to manage behavior |
|--|---|--|----------------------------------|
| | | | |

4. Special Requirements & Dietary Needs

Please identify any special needs or requirements not listed above (eg. diet, wheelchair access etc.)

| |
|--|
| |
|--|

Administration of Medication

If medication needs to be administered during the program, please complete the following section:

| Name of Medication | Expiry Date | Storage Requirements |
|--------------------|-------------------------------|----------------------|
| | | |
| Dosage | Method of Self-administration | Frequency |
| | | |

Health & Medical Form

Are there any circumstances that need to be considered in the administration/storage or delivery of the medication?

I authorise the staff at PCYC _____
to supervise the self-administration of the medication(s) as recorded on the table.

Office Use Only

Prior to administering any prescribed medication to a child, the following questions must be answered. In the event the answer to any of the below questions are 'no', a service will refuse self-administration.

- | | | | |
|--|----------------------------|----------------------------|------------------------------|
| Is the medication in its original container or as dispensed by a pharmacist? | Y <input type="checkbox"/> | N <input type="checkbox"/> | |
| Is the dispensing label attached to the medication/container? | Y <input type="checkbox"/> | N <input type="checkbox"/> | |
| Is the prescribing doctor's information on the label? | Y <input type="checkbox"/> | N <input type="checkbox"/> | |
| Does the name on the dispensing label match that of the child above? | Y <input type="checkbox"/> | N <input type="checkbox"/> | |
| Does the expiry date on the medication match that on the box? | Y <input type="checkbox"/> | N <input type="checkbox"/> | |
| Is there an Action Plan OR Medical Alert sheet for this child? | Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |