CROYDON HILLS PRIMARY SCHOOL VACATION CARE

9724 4514 or 0498 603 323
cassandra.jones@croydonhills.vic.edu.au
47-75 Campaspe Drive, Croydon Hills, VIC, 3136
7:00am- 6:00pm

MONDAY 21ST DECEMBER- WEDNESDAY 23RD DECEMBER 2026

IMPORTANT DATES

Completed forms due back in: **Friday 6th November 2026 6:00pm**

Confirmation of bookings/wait list days notified: **Week of 9th November 2026**

Funds taken: **Friday 27th November 2026**

Refunds: NO refunds given after **Friday 27th November 2026**

NEW PAYMENT PROCESS

Payment will be automatically charged to your Kidsoft payment method once bookings are processed. If payment is not cleared and processed, or no bank details are listed on Kidsoft, all bookings will be cancelled.

TERMS AND CONDITIONS SUMMARY

- A late fee applies where children are not picked up by 6:00pm. **$15.00 per 10 minute block per child** will be incurred. Cycle continues in 10 minute block cycles.
- Booking requests based on; single parents, working parents and behavior of children. **NOT** "first in-best dressed."
- Submitting a form does **NOT** guarentee a booking
- We cannot heat up or cook childrens snacks/lunch
- **Nut free** service
- Children **signed in/out** of the program by a parent/legal guardian/authorised person over **18 years of age**
- **Medication forms must be completed** if medication is required throughout the duration of Vacation Care. Child's name and dosage being clearly visible on the medication package.
- Children must arrive **10 minutes before excursion** departure time. We **do not wait** for late arrivals

1st of **MAY** hats AWAY  1st of **SEPTEMBER** hats TO REMEMBER

GUARDIAN INFORMATION

Name: Date: / /

Emergency Contact Number: Signature _____

Priority of Access: ☐ I am working the requested days ☐ Single Parent ☐ Recreational

CHILD/CHILDREN'S DETAILS

Full Name:	Date of Birth:	Year level (2026):
1.	1.	1.
2.	2.	2.
3.	3.	3.

BOOKING REQUESTS

Please tick the days you require care for each child- Base rate is **$65.00 +** cost of the incursion/excursion

Date	Program	Cost - before CCS	Child 1	Child 2	Child 3
Monday 21st December	**Excursion- Christmas Wonderland**	$120.00			
Tuesday 22nd December	**Excursion- Reading Cinemas**	$115.00			
Wednesday 23rd December	**Christmas Celebrations/Stufflers**	$98.00			

Please tick the boxes for the food/drink booking form below if required

Date	Program	Small Popcorn	Pepsi	Sunkist	Lemonade
Tuesday 22nd December	**Reading Cinemas Movie Order Tick one drink**	included			

Date	Program	Small Hot Chips	3 Nuggets	Chicken Snack Wrap	Cheese Burger	Apple Juice	Water
Wednesday 23rd December	**Christmas Celebrations: McDonalds Order Tick one drink and food**	included					

EXCURSION DETAILS

Risk Assessments for all Excursions listed below can be viewed upon request

Excursion on **Monday 21st December 2026:**
Venue: Christmas Wonderland: 23 Station Street, Caulfield North 3161
Leave: 8:45 am **Return:** 2:15 pm
Staff/Ratio: Minimum of 1 staff member for every 8 children
Approximate children in attendance 50 & 8 educators
Private charter with seat belts. **Crown Bus Company**
Contact details: Cassie- 0498 603 323 **Venue:** (03) 9727 7900

Excursion on **Tuesday 22nd December 2026:**
Venue: Reading Cinemas: 239-241 Maroondah Hwy, Chirnside Park, 3116
Leave: 9:30 am **Return:** 12:30pm
Staff/Ratio: Minimum of 1 staff member for every 10 children
Approximate children in attendance 50 & 6 educators
Private charter with seat belts. **Crown Bus Company**
Contact details: Cassie- 0498 603 323 **Venue:** (03) 9727 7900

EXCURSION PERMISSION SLIP

I give permission for my child/ren to attend the following excursions below- tick boxes that apply

- ☐ MONDAY 21ST DECEMBER 2026 → Christmas Wonderland, Caulfield North, 3161
- ☐ TUESDAY 22ND DECEMBER 2026 → Reading Cinemas, Chirnside Park, 3116

Parent/Guardian Name:

Parent/Guardian Signature: _____

Date: / /

PARENT DECLARATION

Completing this holiday form, you are declaring that you have:

- ☐ Completed the OSHC Enrolment/Re-enrolment for for **2026**
- ☐ Signed the **2026 OSHC Behaviour Agreement**- see CHPS Website under OSHC
- ☐ Your child's living arragenments have not changed as well as home/work contact details
- ☐ Your child has not been diagnosed with a medical condition since previous enrolment
- ☐ You have read and understood the terms and conditions including **the bookings and the NEW payment process**

Parent/Guardian Name:

Parent/Guardian Signature: _____

Date: / /