## CLOVELLY PARK VACATION CARE CCB REFERENCE NUMBER 1-6PX-2211 8<sup>TH</sup> JULY 2018 – 19<sup>TH</sup> JULY 2019 PHONE 8276 5366 MOBILE 0418 585 142

## Regular activities will also be available every day.

| MONDAY               | TUESDAY              | WEDNESDAY            | THURSDAY             | FRIDAY               |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| 8 <sup>™</sup> JULY  | 9 <sup>™</sup> JULY  | 10 <sup>™</sup> JULY | 11 <sup>™</sup> JULY | 12 <sup>™</sup> JULY |
|                      |                      |                      |                      |                      |
| WINTER CHILL OUT     | JUST DANCE           | BEADING              | NAIDOC WEEK          | LITTLE NINJAS        |
| PYJAMA               | &                    | &                    | CELEBRATIONS         | TAEKWONDO            |
| &                    | SAM OSHODI           | JEWELLERY            | DAMPER MAKING        | &                    |
| MOVIE DAY            | AFRICAN DRUMMING     | MAKING               | &                    | MAKATON KEY          |
|                      |                      |                      | PAINT A BANNER       | WORD SIGNS           |
| NAME:                | NAME:                | NAME:                | NAME:                | NAME:                |
| INAIVIE:             | IVAIVIL.             | IVAIVIL.             | IVAIVIL.             | INAIVIE:             |
|                      |                      |                      |                      |                      |
| A 4 O N D A V        | TUESDAY              | MEDNISCHAM           | THURSDAY             | EDID AV              |
| MONDAY               | TUESDAY              | WEDNESDAY            | THURSDAY             | FRIDAY               |
| 15 <sup>™</sup> JULY | 16 <sup>™</sup> JULY | 17 <sup>™</sup> JULY | 18 <sup>™</sup> JULY | 19 <sup>™</sup> JULY |
| MAKE YOUR OWN        | YOGA WITH BETH       | MAKATON KEY          | CUPCAKE MAKING       | EXCURSION            |
| MARBLE RUN           | &                    | WORD SIGNS           | &                    | LATITUDE             |
| &                    | SCRATCH ART          | &                    | DWAYNE NELSO         | 9.30am -2.00pm       |
| MAZE GAME            |                      | PET ROCK             | BASKETBALL CLINIC    | MAX BOOKINGS 50      |
|                      |                      | DECORATING           |                      |                      |
| NAME:                | NAME:                | NAME:                | NAME:                | NAME:                |
|                      |                      |                      |                      |                      |
|                      |                      |                      |                      |                      |

VACATION CARE IS A NUT / KIWI FRUIT FREE ZONE AS THERE ARE CHILDREN ATTENDING WITH ALLERGIES TO BOTH.

## **PERMISSION NOTICE**

| Family Name:                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 9 <sup>™</sup> JULY                                                                                                                                                                                        |
| I give permission for my child/ children to watch selected PG movies on the day with staff supervision. Movies to be named on the day.                                                                     |
| Signed:                                                                                                                                                                                                    |
| 19 <sup>th</sup> JULY                                                                                                                                                                                      |
| I give permission for my child/ children to participate in the excursion to Latitude (Staff ratio 1: 8). We will be travelling by private coach to and from the venue. (Risk assessment available to view) |
| Signed:                                                                                                                                                                                                    |