



**OUR LADY'S ASSUMPTION**  
SCHOOL

# VACATION CARE PARENT SURVEY

Dear OLA families

We have created this survey to get an understanding of what parents would like for vacation care for their children and to gain an idea of how many children will be attending the September/October Vacation Care so that we may plan activities accordingly to suit numbers.

Parent's Name: \_\_\_\_\_

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

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

Will your child/ren be attending vacation care for the September/October holidays?

\_\_\_\_\_

What would you prefer for your children (please circle one)

Incursions (on school grounds)

Excursions

If excursion:

I would prefer excursions in the local area only.      Yes / No

I am happy for my child to attend excursions that are out of the local area and for my child to be taken by bus to the excursion Yes / No

Would you feel comfortable for OLA OSHC to attend another Catholic primary school for an excursion      Yes / No



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How do you feel about your child/children having an hour of technology time allocated per day for devices?

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**NOTE:**

All devices will be handed to OSHC staff members on arrival and securely held in a cabinet until it is time to use them. Each device will need to be clearly labeled. On departure OSHC staff will hand the device back.

Will you give permission for:

Face painting	Yes	No
Coloured hairspray	Yes	No
Nail Polish	Yes	No

If you have any suggestions in relation to what you would like your child/ren to experience on their vacation care program please provide your suggestions below:

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**MOVIES**

Please note any movies that are viewed will have a rating of G. If the majority of children wish to watch a PG movie, I will require all parents on the day to sign a permission slip. All children who do not have permission will be provided with other activities.

If your child/ren have a favourite movie they would like to watch during vacation care please bring it in and ensure there is a name label on the front.



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If you have any queries in relation to vacation care please write in the space provided below:

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Please complete the form and return it by email to [OSHC@ola.wa.edu.au](mailto:OSHC@ola.wa.edu.au)

Thank you for your time.

Kind regards

**Nicole Leach**  
**Nominated Supervisor**  
**OLA OSHC**  
**Our Lady's Assumption School**