

# Vacation care needs survey

**The** ………………………………………………………………………………………………………………………………………

 *Name of school governing council*

**are considering establishing a vacation care service on the**

………………………………………………………………………………………………………………………..……………………. **site**

 *Name of school*

**and are conducting this survey to determine the need for care in the community.**

Vacation care services provide supervised recreational activities for school age children which encourage children to interact with friends, learn life skills, problem solve and be challenged by new experiences in a safe and relaxed environment.

Vacation care services must meet the requirements of the Australian Government's National Quality Framework for Early Childhood Education and Care and are regulated by the Education and Standards Board.

The National Quality Framework includes a National Quality Standard which is divided into seven quality areas:

1. Educational program and practice
2. Children's health and safety
3. Physical environment
4. Staffing arrangements
5. Relationships with children
6. Collaborative partnerships with families and communities
7. Leadership and service management.

In vacation care the educational program and practice is guided by an approved national learning framework, My Time Our Place: Framework for School Age Care in Australia.

Attendance at vacation care can be on a casual, part-time, regular or emergency basis. There is a cost for care which varies depending on the fee set by the service and the income of the family. Families of children attending a vacation care service may be eligible for financial assistance towards the part payment of child care fees through the Australian Government’s Child Care subsidy. For more information about Child Care subsidy please visit <https://www.mychild.gov.au/childcare-information/rebate>.

The information you provide will enable us to make an informed decision in establishing the best service to meet families’ needs.

*Thank you for your time*

The survey

Please complete the survey by:

 *Insert date*

and return to:

Name:

Address:

……………………………………………………………………………………………………………………..…………..………………….

Email:

## Survey

 **TO BE COMPLETED BY PARENT/GUARDIAN**

**1. Do you currently use a vacation care service or have other child care arrangements in place i.e. family day care, long day care, private paid care, neighbours/friends/family?**

Yes / No

**Vacation care**

**If a vacation care service was provided at**

……………………………………………………………………………………………….……………… would you use it?

Yes [ ] No [ ]

**2. What preschool or school/s does your child/ren attend?**

Name preschool / school in space below and number of children attending in brackets.

 [ ]

 [ ]

 [ ]

**3. Why would you use this service?**

you and/or partner work full time [ ]

you and/or partner work part time [ ]

you and/or your partner are looking for work [ ]

you and/or your partner are studying [ ]

opportunities for your child/ren to participate in recreational experiences [ ]

respite [ ]

other [ ]

**8. When would you use a vacation care service?**

*Please complete the appropriate box/s and specify the number of children.*

| ***Day of the week*** | ***Frequency****E = every week* *F = fortnightly**O= occasionally* *N = never*  | ***Number of children*** |
| --- | --- | --- |
| ***Preschool*** | ***Reception - Year 3*** | ***Year 4 - 7*** | ***High School*** |
| *Monday* |  |  |  |  |  |
| *Tuesday* |  |  |  |  |  |
| *Wednesday* |  |  |  |  |  |
| *Thursday* |  |  |  |  |  |
| *Friday* |  |  |  |  |  |

*Please indicate the school holiday periods you would use:*

December/January [ ]  April [ ]

June/July [ ]  September/October [ ]

**9. For what period of time would a vacation care service need to open to meet your needs?**

 *(Please circle)*

***Start******Finish***

6.00am 4.30pm

6.30am 5.00pm

7.00am 5.30pm

7.30am 6.00pm

8.00am 6.30pm

Other ………………..…… Other ………………..……

**10. Do you have a child/ren with additional needs that will use the service?**

Yes / No

Please outline the particular needs of the child/children:

**11. Any other comments or questions**

 **If you wish, please provide the following details:**

Name:

Address:

Email:

Phone:

Contact time:

*Thank you for making the time to complete this survey*