

# Vacation Care Program

ENROLMENT



FORM

## Norwood Out Of School Hours Care



MONDAY 18th – FRIDAY 22nd DECEMBER 2017

THURSDAY 11th – THURSDAY 25th JANUARY 2018



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\*Service is available from 7.30am - 6.00pm. \*Check at the centre daily for EXCURSION TIMES.

\*Please note TYPE OF CLOTHING required.

### BOOKINGS:

A limited number of places are available each day. **Once spaces have been filled no extra bookings will be taken so please enrol early.** The centre does not assume that you will need the bookings. The onus is on the parent / guardian to complete an enrolment form.

### CLOSING DATE FOR BOOKINGS: Friday 8<sup>th</sup> December 2017

Even though we take bookings after this date, if there are spaces, places may already be filled so please book as early as possible.

5PM



### FEES:

**Payment at the time of booking is essential. No refunds are available.**

**Bookings cannot be transferred between programs.**

**Early Bird Fee** if paid by the Closing Date 8/12/17, is \$53 per child per day less CCR & CCB  
Bookings/Payments made **After the Closing Date** are \$55 per child per day less CCR & CCB

The fee includes excursion costs and bus fare, **not lunch**, unless stated in the program.  
Late fees are incurred if children are collected after 6pm.

**Child Care Benefit fee reductions and the Cash Rebate are available. Please contact the Department of Human Services on 136150 and / or provide a copy of the letter stating your percentage and Customer Reference Numbers to the service.**

### PARENT NOTICES

#### SUMMER SEASON REQUIREMENTS:

Please provide a hat, sun block and appropriate clothing items for your child's protection against the harmful effects of the sun. **Send your children with sunscreen already applied on all days of attendance.** If requirements are not met children may be excluded from certain activities

#### CASTLEWORLD, WIZ BANG, SKATESCOOL

Please bring socks for **Castleworld**. Socks and Sneakers are required for **Wiz Bang**. Helmets and socks are needed for **Skatescool**. Skates are provided. Children may also bring their own skates or blades. All venues are fully air conditioned.

#### WHEELS DAY REQUIREMENTS:

All children must bring a **helmet** and wear it during participation in any wheels activity. Children may bring a bike, roller blades, a skateboard or a scooter.



#### HOT WEATHER POLICY:



On days where the forecast temperature is 37 degrees or above outdoor excursions will be cancelled and outdoor activities replaced or rescheduled in the interest of sun safety.

## IMPORTANT

Parents please read the following service information



### Enrolling

All forms, including the permission and booking forms, need to be completed before enrolments are accepted. **THE CENTRE NEEDS TO BE INFORMED OF ANY CHANGES IN YOUR CHILD'S ENROLMENT INFORMATION.**

### Attendance Records

**ALL** children must be signed **IN and OUT** of the program with exact times of dropping off and collection. Please advise staff when you arrive *and* when you collect your children.

### Child Care Benefit & Child Care Rebate

To receive **reduced fees**, parents/caregivers must be registered with the **Department of Human Services**. To receive your fee reduction at the time of booking you must supply all of the information pertaining to your Child Care Benefit & Rebate (see the Vacation Enrolment Form attached) otherwise full fees apply at this time. All over/under paid amounts will be credited or debited to accounts.

### Medication

Should you require Vacation Care Staff to administer your child with any medications please inform us beforehand so that a **medication plan** can be collected from OSHC and completed by your Doctor. Medications must be correctly labelled and given to staff. ***No medication will be administered without the correct documentation.***

### Cancellation Policy

Please ensure that you make bookings only for days that you know you will require. Once you have made a booking you will be charged irrespective of whether your child attends that day or not.

### Hat Policy

During Xmas Vacation Care Children are required to wear wide-brimmed hats to and from *all* excursion venues and for any outdoor activities. NOSHCH will provide a hat for a \$2 fee when no hat is sent with a child.

### Lunch & Recess

A packed lunch and morning recess must be provided by parents on every day of attendance at Vacation Care, unless it is stated in the program that lunch will be provided as part of that day's activities. **Please provide extra food for children participating in excursions.** We request that you do not send meals that:

\* staff need to cook or heat, including noodles \* **include any foods containing nuts.**

A healthy afternoon snack is provided by the Centre every day.

### Pocket Money Policy

"Treats" will be provided, therefore **NO POCKET MONEY IS ALLOWED UNLESS OTHERWISE STATED IN THE PROGRAM.** It is acceptable *to bring* snack foods.

***POCKET MONEY IS NOT A SUBSTITUTE FOR LUNCH. IT IS TO BE PROVIDED AS AN EXTRA FOR TREATS, DRINKS, TOYS, GIFTS, ETC.***

A packed lunch should be provided by parents as usual on these days.

The recommended amount of pocket money is \$8 - \$12 per child.

Pocket Money Days are indicated on the program by a



symbol

### Mobile Phone Policy

Children are ***not*** to bring mobile phones. Messages between parents and children are relayed via staff at the Service. If this is not observed phones will be put away for safe keeping by staff and returned to parents upon departure that day.

EXCURSION PERMISSION FORM: DECEMBER 2017 / JANUARY 2018

**ATTENTION: PARENT/GUARDIAN**








Please write children's names on each day they will be attending and *sign* your consent for each excursion underneath



**DECEMBER 2017**

MONDAY 18 <sup>th</sup>	TUESDAY 19 <sup>th</sup>	WEDNESDAY 20 <sup>th</sup>	Water Activity THURSDAY 21 <sup>st</sup>	BYO Plate/Games FRIDAY 22 <sup>nd</sup>
Signed.....	Signed.....	Signed.....	Signed.....	Signed.....

**JANUARY 2018**

MONDAY 8 <sup>th</sup>	TUESDAY 9 <sup>th</sup>	WEDNESDAY 10 <sup>th</sup>	THURSDAY 11 <sup>th</sup>	Swimming Gear FRIDAY 12 <sup>th</sup>
NO\$HC CLOSED 	NO\$HC CLOSED 	NO\$HC CLOSED 		Bring \$5 for Slide 1.1 Height Requirement
			Signed.....	Signed.....
MONDAY 15 <sup>th</sup>	TUESDAY 16 <sup>th</sup>	WEDNESDAY 17 <sup>th</sup> 	Swimming Gear THURSDAY 18 <sup>th</sup> 	FRIDAY 19 <sup>th</sup>
Signed.....	Signed.....	Signed.....	Signed.....	Signed.....
Water Activity MONDAY 22 <sup>nd</sup>	TUESDAY 23 <sup>rd</sup> 	WEDNESDAY 24 <sup>th</sup>	Wheels Requirements THURSDAY 25 <sup>th</sup>	FRIDAY 26 <sup>th</sup>
Signed.....	Signed.....	Signed.....	Signed.....	 AUSTRALIA DAY!

## PAYMENT DETAILS

## FULL FEE PAYMENT

\_\_\_\_\_ children x \_\_\_\_\_ days x **Early Bird \$53 OR**  
**After Closing Date (8/12/17) \$55**



## PAYMENT CALCULATIONS

**\$ FEES**

## CHILD CARE BENEFIT RECIPIENTS

Please contact the service for information about costs.

\$ \_\_\_\_\_ cost per day x \_\_\_\_\_ number of days

**CCB & CCP  
Fee Reductions  
Available**

\$ TOTAL

## SAMPLE FEES

1 child	<b>Early Bird</b>	<b>\$14.60</b>	<b>After Closing Date</b>	<b>\$ 16.60</b> per day @ 100% CCB
2 children	<b>Early Bird</b>	<b>\$25.80</b>	<b>After Closing Date</b>	<b>\$ 29.80</b> per day @ 104.49% CCB



# Confused?

Contact **Margie** on 0418 891 704  
Or [margie@norwoodoshc.org.au](mailto:margie@norwoodoshc.org.au)



Master Card/Bank Card/Visa Card

**Please print name of Card Holder**

### Fee Payment For

## Norwood OSHC Vacation Care

**Expiry Date**\_\_\_\_\_

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I hereby authorise Norwood OSHC to draw on my credit card for the amount of

\$ :

Authorisation Signature of Cardholder

# Norwood Out of School Hours Care Vacation Care Enrolment Form

Child's Name.....Date of Birth.....CRN.....

Child's Name:.....Date of Birth..... CRN.....

Child's Name.....Date of Birth.....CRN.....

CRN is the *Customer Reference Number* provided by Centrelink

## PARENT/GUARDIAN

### Mother

Name.....

Address.....

.....postcode.....

Phone HOME.....

WORK.....

MOBILE .....

### Father

Name.....

Address.....

.....postcode.....

Phone HOME.....

WORK .....

MOBILE .....

Name of Parent Receiving Child Care Benefit.....Date of Birth.....

CRN.....No. of Children in Care .....% applying to all Children in Care.....

Email Address.....

NAME OF SCHOOL CHILD/REN ATTEND: .....

## EMERGENCY CONTACTS AUTHORISED TO COLLECT CHILD/REN (OTHER THAN PARENTS)

(1) Name.....

(2) Name.....

Relationship to child.....

Relationship to child.....

Phone HOME.....

Phone HOME.....

WORK.....

WORK.....

MOBILE.....

MOBILE.....

## PEOPLE AUTHORISED TO COLLECT OTHER THAN ABOVE

.....

## PROGRAM ACTIVITIES, EXCURSIONS & PAYMENT PROCEDURES

I am aware of the booking & payment procedure for the enrolment of my child/ren.

I have seen the program of planned activities and I authorise my children to participate in these activities and excursions and I am aware that transportation is by chartered bus driven by a qualified driver or walking.

Signature.....Date.....

**Please complete the other side of this form**

## MEDICAL INFORMATION

Special Medical Condition: \_\_\_\_\_

Allergies: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ P: \_\_\_\_\_

## MEDICAL CONSENTS

- I agree that the staff of the Service may administer simple first aid to my child/ren if the need arises.
- I consent to providing a medication plan and to conforming with the OSHC Centre's medication policy when sending medication for my child/ren. I will confer with the Director or delegate before sending medication.
- If, while your child is in care at the Norwood Out of School Hours Care Centre emergency attention is required, this will be provided in the first place by a registered practitioner or, if more appropriate, by the Women's & Children's Hospital. In such case of an emergency, every effort will be made to contact the parents prior to treatment.
- In the event of an accident or severe illness, as deemed by the NOSHC staff, I consent to my child/ren being transported to hospital by ambulance. I understand that I will be held liable for medical/hospital/ambulance expenses incurred during the treatment of my child.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

## CONSENT NOTICES

**Please initial the boxes below if you consent**

☐

I give permission for my child/ren to go on short walking excursions away from the Centre under the supervision of NOSHC staff.

☐

I give permission for my child/ren to participate in roller-blade / skate-board / roller-skate / bicycle / scooter activities at the Centre and understand that I am to provide safety equipment. I understand that children are required to wear safety helmets for these activities.

☐

I give permission for my child/ren to be photographed while at the Centre and for the photos to be used for promotional purposes.

☐

I have seen the planned program and I authorise my child/ren to participate in these activities and excursions using a chartered bus driven by a qualified driver.

☐

I consent to my child/ren watching **PG** rated movies/videos under adult supervision.

☐

I give permission for a staff member to check my child's hair for head lice if the child is indicating symptoms. This will be conducted with sensitivity. I understand and accept that if my child is found to be infested I will need to arrange for collection from the service promptly.

☐

I authorise my child/ren to participate in programmed water / swimming activities and will supply sun protective clothing and sunscreen. I will apply sunscreen to my child/ren just prior to attendance.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_