

Vacation Care Program

ENROLMENT



FORM

Norwood Out Of School Hours Care



37 Osmond Tce Norwood SA 5067

MONDAY 9th – FRIDAY 20th JULY 2018



P: 8362 0805 E: margie@norwoodoshc.org.au W: www.norwoodoshc.com.au

- * We are open from **7.30am - 6.00pm** *Please note **EXCURSION DEPARTURE 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 29th June 2018

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 29/6/18**, is **\$54** per child per day less CCS Bookings/Payments made **After the Closing Date** are **\$56** per child per day less CCS

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.

If you receive child care fee assistance:

READ CAREFULLY

Child Care Subsidy commences on 2nd July. This will replace the Child Care Benefit & Child Care Rebate fee reductions. *You won't automatically be transitioned to the new payments.* If you're currently receiving a child care payment for approved care, you need to complete a **Child Care Subsidy assessment** immediately (See education.gov.au/childcare). **To receive a fee reduction when booking please provide written / digital evidence that you have transitioned to the CCS.**

PARENT NOTICES:

Weekly excursion departure and return times are displayed in the NOSHCH windows. Please note the **parent notice** board in the gym on the right of the entrance to the OSHC rooms. The information displayed provides more information about activities and excursions. Posters in our windows display return times for each excursion.



SPECIAL REQUIREMENTS:

LATITUDE AND INFLATABLE ZONE

Grip socks are provided but please wear enclosed shoes for climbing at Latitude.

ROLLER CITY

All children are required to bring helmets. Wrist guards, elbow & knee pads are Supplied upon request.

PLEASE NOTE



ALL OUTDOOR ACTIVITIES WET WEATHER

Please send waterproof clothing with your child when an excursion is planned and rain is forecast.



IMPORTANT Parents please read the following 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 **Family Assistance Office**. 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 child care. Once you have made a booking for a session you will be charged irrespective of whether you use that session or not.

Hat Policy

Children are required to wear hats to and from *all* excursion venues and for any outdoor activities when the UV level is above 3.

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 * **you do not include 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.

Please ensure that children bring their pocket money in a labelled envelope and hand it to the designated educator.

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 **\$5 - \$10** per child.

Pocket Money Days are indicated on the program by a  symbol on the program sheet.

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

Norwood Out of School Hours Care
Vacation Enrolment Form

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

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

CRN is the *Customer Reference Number* provided by Centrelink

PARENT/GUARDIAN

Mother

Father

Name.....

Name.....

Address.....

Address.....

.....postcode.....

.....postcode.....

Phone HOME.....

Phone HOME.....

WORK.....

WORK

MOBILE

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.....

THE SCHOOL YOUR 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 Conditions _____

Allergies: _____

Child's Doctor: _____ Ph: _____

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.

Parent Signature _____ Date _____