

Vacation Care Program

ENROLMENT



FORM

Norwood Out Of School Hours Care



MONDAY 17th – FRIDAY 21st DECEMBER 2018

THURSDAY 10th – FRIDAY 25th JANUARY 2019



37 Osmond Tce Norwood SA 5067

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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 7th December 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 7/12/18**, 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.

New & Vacation Care Only Users:

PLEASE READ CAREFULLY

Child Care Subsidy fee reductions are available. For more information contact Centrelink on 136150 or log in to www.myGov.com.au to create / access your account. Please provide the service with a copy of your CCS %, eligible hours and Customer Reference Numbers. **Also note that unless you nominate Norwood OSHC as your Child Care Provider, in your myGov account, the CCS fee reduction will not be applied.**

SUMMER SEASON REQUIREMENTS:

EVERY DAY PROVISIONS

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.

VENUE / ACTIVITY REQUIREMENTS

WIZ BANG socks & sneakers **KING PIN BOWLING** socks

INFLATABLE ZONE grip socks if possible (otherwise will be supplied)

WATERSLIDES bathers, rash vest or T-shirt, towel

MUD PIE NATURE ART a change of clothes

PUMPT a bike or scooter and helmet (must be worn to participate)

STREET SUP (STAND UP PADDLING) helmet, knee & elbow pads

HOT WEATHER POLICY:

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

BE SUN SMART



Put on a Shirt



Put on Sunscreen



Wear a Hat



Wear Sunglasses



Stay in the Shade



**SHARE THE SUN SAFE STORY
WITH YOUR CHILD**



IMPORTANT Parents please read the following service information



Enrolling

All forms, including the permission and booking forms, are to be completed before enrolments are accepted. **THE CENTRE HAS 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 Subsidy

To receive **reduced fees**, parents/caregivers must be registered with **Centrelink**. To receive your fee reduction at the time of booking you must supply all information pertaining to your Child Care Subsidy or full fees will apply. All over/under paid amounts will be credited or debited to accounts once attendances have been processed.

Medication

Should you require Vacation Care Educators to administer medication to your child please ensure that the medication provided is prescribed by a doctor. It should be handed to the Educator in charge in the original package and labelling, correctly detailing the child's name and required dosage. ***No medication will be administered unless this requirement is met.***

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 3 or above. NOSH 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 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 dollar 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.

EXCURSION & ACTIVITY PERMISSION FORM: DECEMBER 2018 / JANUARY 2019

Child's Family Name:




Parent/Guardian:

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

DECEMBER 2018

MONDAY 17 th	TUESDAY 18 th	WEDNESDAY 19 th	THURSDAY 20 th	BYO Plate/Games FRIDAY 21 st
Name/s:	Name/s:	Name/s:	Name/s:	Name/s:
❖Time In: Out:	❖Time In: Out:	❖Time In: Out:	❖Time In: Out:	❖Time In: Out:
Signed.....	Signed.....	Signed.....	Signed.....	Signed.....

JANUARY 2019

MONDAY 7 th	TUESDAY 8 th	WEDNESDAY 9 th	THURSDAY 10 th	FRIDAY 11 th
			Name/s:	Name/s:
			❖Time In: Out:	❖Time In: Out:
			Signed.....	Signed.....

Water Activity MONDAY 14 th	Wheels Gear TUESDAY 15 th	Grip socks WEDNESDAY 16 th	Swimming Gear THURSDAY 17 th	Change of Clothes FRIDAY 18 th
Name/s:	Name/s:	Name/s:	Name/s:	Name/s:
❖Time In: Out:	❖Time In: Out:	❖Time In: Out:	❖Time In: Out:	❖Time In: Out:
Signed.....	Signed.....	Signed.....	Signed.....	Signed.....

MONDAY 21 st	Socks & Sneakers TUESDAY 22 nd	Socks WEDNESDAY 23 rd	Wheels Gear THURSDAY 24 th	Change of Clothes FRIDAY 25 th
Name/s:	Name/s:	Name/s:	Name/s:	Name/s:
❖Time In: Out:	❖Time In: Out:	❖Time In: Out:	❖Time In: Out:	❖Time In: Out:
Signed.....	Signed.....	Signed.....	Signed.....	Signed.....

❖ Anticipated Drop/off and Collection Times for the Session. See **Important Notice** over page.

IMPORTANT NOTICE

From 14 January 2019, it will be a legal requirement for child care providers to include children's actual attendance times in statements of entitlement to families and session reports to the Australian Government.



Australian Government

Department of Education and Training

What you Need to Do:

- Complete the [Excursion & Activity Permission Form](#) including your anticipated in/out times where indicated.
- Ensure that your child/ren are signed *in and out* on the [Attendance Roll](#) for every session they are booked in for. You must enter the [correct time](#) and your [initials or signature](#) for each attendance. There is a clock next to the Attendance Roll.
- Allow the time to sign in and out correctly. You may be surprised to know that the wrong children are signed out on a regular basis, usually because a collector has forgotten their glasses or is in a hurry. If you have any issues finding a child's name there is a magnifying glass next to the Attendance Roll. Otherwise, please ask an educator for help.

What you Need to Know:

- Child Care services regularly spend many administrative hours a week meeting government requirements to make childcare more affordable for families. [We need your assistance to ensure that we provide accurate records to Centrelink](#). Please note that failing to do this may result in delays to CCS payments and incur administration charges on your account.

FULL FEE PAYMENT

_____ children x _____ days x **Early Bird**

\$54

_____ children x _____ days x **Standard**

\$56

PAYMENT DETAILS

PAYMENT CALCULATIONS

\$ _____

\$ _____

CHILD CARE SUBSIDY RECIPIENTS

Please contact the service if you require confirmation of the total fee prior to processing. Otherwise you will receive a receipted invoice once attendances have been processed.

Fee Reductions Available



Until 7/12/18

Account Holder Name _____ CCS % _____ Hours per Fortnight _____

Have you nominated [Norwood OSHC](#) as your Child Care Provider on the myGov Portal? **Y / N** (Please Circle)

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

\$ _____ :

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

Medical Conditions: _____

Allergies: _____

Dietary Considerations: _____

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 _____