## **Vacation Care Program**

### **ENROLMENT**



**FORM** 

# Norwood Out Of School Hours Care



37 Osmond Tce Norwood SA 5067

## MONDAY 8th - FRIDAY 19th JULY 2019

M: 0418 891 704 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. <u>Once spaces have been filled</u> no extra bookings will be taken so <u>please enrol early</u>. The centre does not assume that you will need the bookings. The onus is

the parent / quardian to complete an enrolment form.

## **CLOSING DATE FOR BOOKINGS:** Friday 28<sup>th</sup> June 2019

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





### FEES:

<u>Payment at the time of booking is essential. No refunds are available.</u> Bookings cannot be transferred between programs.

Early Bird Fee <u>if paid</u> by the Closing Date 28/6/19, is \$55 per child per day less CCS Bookings/Payments made After the Closing Date are \$57 per child per day less CCS

The fee includes excursion costs and bus fare, <u>not lunch</u>, 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 logon to <a href="www.my.Gov.au">www.my.Gov.au</a> to create / access your account. Please note that Child Care Subsidy ceases after 8 weeks of non-attendance and unless you nominate our service, Norwood OSHC, as your Child Care Provider on myGov the CCS fee reduction will not be applied to your account. To do this you must wait until the end of your child's first week of attendance, upon which you will find this option appears. It is therefore necessary for our Service to charge full fees in the interim and refund your CCS once we receive your subsidy payment.



### **ELECTRONIC SIGNING FOR DROPOFF & COLLECTION OF CHILDREN:**

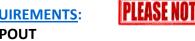
Every person who is responsible for transitioning children in and out of the service must obtain a pin code to enter on the allocated tablet placed near the entrance. You will be issued with this the first time sign in/out is required. Please keep this pin code in an accessible place eg. key ring or mobile phone to avoid delays during collection times.

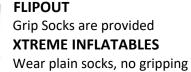


### **PARENT NOTICES:**

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.

### **SPECIAL REQUIREMENTS:**





# **ALL OUTDOOR ACTIVITES**

### **WET WEATHER**

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



5PM

# IMPORTANT Parents please read the following information

### **Enrollina**

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. Please remember to bring your electronic PIN CODE with you or request this at the front desk. An Educator should be advised 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 already be linked to Norwood OSHC on my.Gov.au 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 billed 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. NOSHC 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. In this situation please ensure that children bring their pocket money in a labelled envelope and hand it to the designated educator. It is acceptable for children to bring their own 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 \$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	PERMISSION FORM: J	ULY 2019	
Child's Family Nam	ne:	Parent/	Guardian:	
		will be attending and sign		excursion underneath
MONDAY 8 <sup>th</sup>	TUESDAY 9 <sup>th</sup>	WEDNESDAY 10 <sup>th</sup>	THURSDAY 11 <sup>th</sup>	FRIDAY 12 <sup>th</sup>
Name/s:	Name/s:	Name/s:	Name/s:	Name/s:
Signed	Signed	Signed	Signed	Signed
MONDAY 15 <sup>th</sup> Name/s:	TUESDAY 16 <sup>th</sup> Name/s:	WEDNESDAY 17 <sup>th</sup> Name/s:	THURSDAY 18 <sup>th</sup> Name/s:	FRIDAY 19 <sup>th</sup> Name/s:
<u> </u>	Tunios.	THIRTY S	- Tunios	Tunios.
Signed	Signed	Signed	Signed	Signed
		\\	F	ee Reductions
FULL FEE PAYI	MENT P	AYMENT DETAILS	•	Available
children	x days x Early		TOTAL	Early
	OR Stand	ard <u>\$57</u> \$	FEE	Bird Pricing
	SIDY RECIPIENTS	rmation of the reduced fee p	prior to processing	
		once attendances have bee	•	
SAMPLE FEES 1	1 child <b>85% CCS Early Bir</b>	d \$10.60 <b>Standard</b> \$11.00	per day	Until 28/6/19
	<del></del>	d \$28.90 <b>Standard</b> \$29.95		
Account Holder Na	ame	ccs	%Hours per I	ortnight
Master Card/Bank Card	d/Visa Card		Please print nam	e of Card Holder
				Expiry Date
I hereby authorise Nor	wood OSHC to draw on my	credit card for the amount of	of \$	:
				·
Authorisation Signatur	e of Cardholder			

# Norwood Out of School Hours Care

# **Vacation Enrolment Form**

### **CHILDREN**

Child's Nan	ne:	Date of	Birth	CRN	
Child's Nan	ne:	Date of	Birth	CRN	
Child's Nan	ne:	Date o	f Birth	CRN	
CRN is the	Customer Referen	ce Number provided by Cen	trelink		
PARENT/GI	JARDIAN				
Name			Relation child:	ship to	
Phone	Mob:	Work:		Home:	
Address		'			
Name			Relation child:	ship to	
Phone	Mob:	Work:		Home:	
Address		·			
THE SCHO	OOL YOUR CHILD/I	Email Address			
Name			Relation child:	ship to	
Phone	Mob:	Work:	ciniu.	Home:	
Name			Relation child:	ship to	
Phone	Mob:	Work:		Home:	
PROGRA	AM ACTIVITIES, EX	CURSIONS & PAYMENT AL	JTHORISATIO	<mark>ON</mark>	
* I am av	ware of the booking	& payment procedure for the	enrolment of r	ny child/ren.	
	seen the program foes and excursions.	r the sessions I have booked	and I authoris	e my children to particip	ate in the
* I am av	vare that transportat	ion for excursions is by charte	ered bus drive	n by a qualified driver o	r walking.
Darant	Signature			Date	

T.	4ED	TCA	١T.	IN	FC	)B	M	ΔΊ	rt <i>(</i>	1	J

Medical Conditions
Allergies
Dietary Considerations
Child's DoctorPhonePhone
MEDICAL CONSENTS
<ul> <li>I agree that the staff of the Service may administer simple first aid to my child/ren if the need arises.</li> <li>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.</li> <li>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 &amp; Children's Hospital. In such case of an emergency, every effort will be made to contact the parents prior to treatment.</li> <li>In the event of an accident or severe illness, as deemed by the NOSHC staff, I consent to my child/ren bein 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.</li> </ul>
Parent SignatureDate
CONSENT NOTICES
Please <u>initial</u> the boxes below if you consent
Please <u>initial</u> 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 Norwood OSHC Educators.
I give permission for my child/ren to go on short walking excursions away from the Centre under the
I give permission for my child/ren to go on short walking excursions away from the Centre under the supervision of Norwood OSHC Educators.  I give permission for my child/ren to participate in roller-blade / skate-board / roller-skate / bicycle / scoote activities at the Centre and understand that I am to provide safety equipment. I understand that children ar
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