

Vacation Care Program

ENROLMENT



FORM

Norwood Out Of School Hours Care



MONDAY 16th – FRIDAY 20th DECEMBER 2019
THURSDAY 9th – FRIDAY 24th JANUARY 2020



37 Osmond Tce Norwood SA 5067

P: 8362 0805

E: margie@norwoodshc.org.au

W: www.norwoodshc.com.au

*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 6th December 2019

5PM

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:

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 6/12/19, 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, ***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 logon to www.my.Gov.au 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.**

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 **LOLLIPOPS PLAY CAFÉ** socks

WATERSLIDES bathers, rash vest or T-shirt, towel

STICKS & STONES / WATER GAMES a change of clothes

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

HOT WEATHER & HAT POLICIES

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.

Children are required to wear a hat outdoors when the **UV** level is **3 and above** (see over).



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 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. 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. 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 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 & ACTIVITY PERMISSION FORM: DECEMBER 2019 / JANUARY 2020

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 2019

MONDAY 16 th	TUESDAY 17 th	WEDNESDAY 18 th	THURSDAY 19 th	BYO Plate/Games FRIDAY 20 th
<u>Name/s:</u>	<u>Name/s:</u>	<u>Name/s:</u>	<u>Name/s:</u>	<u>Name/s:</u>
Signed.....	Signed.....	Signed.....	Signed.....	Signed.....

JANUARY 2020

MONDAY 6 th	TUESDAY 7 th	WEDNESDAY 8 th	THURSDAY 9 th	Change of Clothes FRIDAY 10 th
			<u>Name/s:</u>	<u>Name/s:</u>
			Signed.....	Signed.....

MONDAY 13 th	TUESDAY 14 th	Water Activity WEDNESDAY 15 th 	THURSDAY 16 th	FRIDAY 17 th
<u>Name/s:</u>	<u>Name/s:</u>	<u>Name/s:</u>	<u>Name/s:</u>	<u>Name/s:</u>
Signed.....	Signed.....	Signed.....	Signed.....	Signed.....

Swimming Gear MONDAY 20 th	Socks  TUESDAY 21 st	Socks & Sneakers  WEDNESDAY 22 nd	Wheels Gear THURSDAY 23 rd	FRIDAY 24 th
<u>Name/s:</u>	<u>Name/s:</u>	<u>Name/s:</u>	<u>Name/s:</u>	<u>Name/s:</u>
Signed.....	Signed.....	Signed.....	Signed.....	Signed.....

Transitions & Communication



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 child transitions. We now communicate messages to parents via the tablet during the sign in/out process.



PARENT NOTICES:

Please note that the **parent notice** board in the gym will be in a new location during the upcoming holidays due our purchase of some brand new bag shelves. The display provides current information about activities and excursions so please ask an educator for the new location.

PAYMENT DETAILS

FULL FEE PAYMENT

_____ children x _____ days x **Early Bird** \$55 **TOTAL**
 OR **Standard** \$57 \$_____ **FEE**

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.

SAMPLE FEES 1 child **85% CCS** **Early Bird** \$10.60 **Standard** \$11.00 per day
1 child **50% CCS** **Early Bird** \$28.90 **Standard** \$29.95 per day

Account Holder Name _____ CCS % _____ Hours per Fortnight _____

Fee Reductions Available



Until 5pm
6/12/19



Confused?

Contact **Margie** at margie@norwoodoshc.org.au
 or call: 0418 891 704



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

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Signature of Cardholder _____

Norwood Out of School Hours Care

Vacation Enrolment Form

CHILDREN

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

Name			Relationship to child:	
Phone	Mob:	Work:	Home:	
Address				

Name			Relationship to child:	
Phone	Mob:	Work:	Home:	
Address				

Parent Receiving Child Care Subsidy.....**Date of Birth**.....

CRN..... **Email Address**.....

THE SCHOOL YOUR CHILD/REN ATTEND.....

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

Name			Relationship to child:	
Phone	Mob:	Work:	Home:	

Name			Relationship to child:	
Phone	Mob:	Work:	Home:	

PROGRAM ACTIVITIES, EXCURSIONS & PAYMENT AUTHORISATION

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

* I have seen the program for the sessions I have booked and I authorise my children to participate in the activities and excursions.

* I am aware that transportation for excursions is by chartered bus driven by a qualified driver or walking.

Parent 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 _____