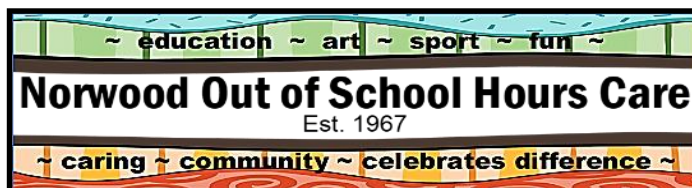


ENROLMENT



Vacation Care Program



FORMS



norwoodoshc.com.au

37 Osmond Terrace Norwood SA 5067

margie@norwoodoshc.org.au

P: 8362 0805

TUESDAY 14th - FRIDAY 24th APRIL 2020

M: 0418 891 704

* 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 3rd April 2020

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 3/4/20**, 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 14 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 DROP OFF & 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.



PARENT NOTICES:

Please note the **parent notice** board on the wall beside the sign-in tablet. The displays provide current information about activities and excursions.



SPECIAL REQUIREMENTS:

PLEASE NOTE

INFLATABLE ZONE

Bring Grip Socks if possible.

BASE CAMP NINJA ARENA

Please ensure that the 'Waiver & Release' form is completed.



ALL OUTDOOR ACTIVITIES / WARRAWONG

Please pack a hat. Children are required to wear a hat outdoors when the UV level reaches 3.

ST CLAIR ROLLERSKATING

Bring helmets and socks. Skates are provided. Children may bring their own skates or blades.



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.

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 plastic zip lock bag 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 educators at the Service. If this is not observed phones will be put away for safe keeping and returned to parents when children are collected.

EXCURSION PERMISSION FORM: APRIL 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

MONDAY 13 th	TUESDAY 14 th	WEDNESDAY 15 th	THURSDAY 16 th	FRIDAY 17 th
 <p>Public Holiday</p>	Name/s:	Name/s:	Name/s:	Name/s:
	Signed.....	Signed.....	Signed.....	Signed.....
MONDAY 20 th	TUESDAY 21 st	WEDNESDAY 22 nd	THURSDAY 23 rd	FRIDAY 24 th
Name/s:	Name/s:	Name/s:	Name/s:	Name/s:
Signed.....	Signed..... ALSO SIGN WAIVER	Signed.....	Signed.....	Signed.....

PAYMENT DETAILS

FULL FEE PAYMENT

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

PAYMENT CALCULATIONS

\$ _____ **FEES**

Fee Reductions Available



Until 3/4/20

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 _____

Master Card/Bank Card/Visa Card

Please print name of Card Holder _____

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Expiry Date

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

\$:	
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Authorisation 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: _____ Phone: _____

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 supervision of Norwood OSHC Educators.
- 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 _____



Waiver & Release

SA Base Camp Pty Ltd
3 Brandwood St, Royal Park
enquiries@sabasecamp.com.au
(08) 7226 053

OBSTACLE COURSE RULES

You agree to abide by the following rules at all times when undertaking the obstacle course including, without limitation, the following:

- a) You must not engage in any behaviour whether reckless, foolish or otherwise likely to cause injury to yourself or others.
- b) You must not engage in any behaviour which SA Base Camp deems in its absolute discretion to be unacceptable.
- c) You must remain within the designated boundaries of the obstacle course at all times.
- d) You must follow the directions of SA Base Camp at all times.
- e) You will be required to do the following: Wear enclosed shoes, securely tie back hair, not take food or drink into the obstacle course, not wear torn clothing, remove all jewellery.
- f) You must follow the directives of SA Base Camp at all times;
- g) SA Base Camp reserves the right to direct you or any other participant to leave the obstacle course and/or the premises at its absolute discretion.
- h) SA Base Camp reserves the right to remove or exclude any person who engages in unacceptable conduct or is unable or unwilling to comply with these rules, or is under the influence of alcohol or drugs, or is unwilling or unable to comply with instructions given by SA Base Camp, or lacks suitable clothing, or has an inadequate level of fitness, physical ability or experience or in any way causes concern for the safety of others, or for any other reason.
- i) You must notify SA Base Camp immediately if you or another participant of the obstacle course becomes injured.

CONSENT AND ACCEPTANCE OF RISK

I acknowledge and agree that the activities organised or conducted by SA Base Camp are in the nature of an "extreme sport" and as such, have inherent dangers and risks including the risk of injury or death to me, which include but are not limited to: Getting wet, Rope burn, Falling from an obstacle, Falling over, Collision with other participants or obstacles, Limb entrapment, Jarring and hard landings, Slipping on obstacles, Becoming disoriented, Falling from a height, Any damage or injury caused by the obstacles, Illness or infection, Serious or grievous injuries including bodily injury, Loud noises, Damage to personal property, Physical and/or mental effects of exposure to extreme conditions and circumstances, Temporary or permanent disability, Paralysis and Death.

I understand that undertaking the obstacle course involves greater than usual physical exertion placing me or my minor child at increased risk of physical or non-physical personal injury, trauma or death. I understand that the SA Base Camp obstacle course presents extreme obstacles including, but not limited to barbed wire, high wind speed; cargo nets, heavy vehicles; mechanically moving obstacles and obstacles of varying height. I consent to emergency medical care and transportation in order to obtain treatment in the event of injury to me or my minor child. I acknowledge and agree that due to the nature of the activity, it would be unreasonable for SA Base Camp to be in any way responsible for any injury to or the death of me or my minor child and I hereby, to the full extent permitted by law, waive all of my or my minor child's legal rights of action against and fully release SA Base Camp for loss, damages, injury or death howsoever arising out of or in relation to the participation by me or my minor child in the activities conducted or organised by SA Base Camp including without limitation, liability for any negligent or tortious act or omission, breach of duty, breach of contract or breach of statutory duty on the part of SA Base Camp, its office bearers, directors, employees or agents. I also agree to indemnify SA Base Camp, its affiliates and assigns, from any and all third party claims caused in whole or in part by my actions or the actions of my minor child. I further acknowledge and agree that I or my minor child are undertaking the obstacle course freely, voluntarily and absolutely at our own risk and with a full appreciation of the nature and extent of all risks involved in undertaking the obstacle course. This waiver shall bind me or my minor child and our executors.

PARTICIPATION WILL BE DENIED, if the signature of an adult participant or parent/guardian and date are not signed at the time and place of the obstacle course. I have read and understand this waiver of my legal rights. My signature is proof of my intention to exempt and relieve SA Base Camp from liability for personal injury, property damage or wrongful death caused by negligence or any other cause.

IF YOU ARE A PARENT OR GUARDIAN OF A PARTICIPANT UNDER 18 YEARS OLD:

I, _____ the parent or guardian of the minor I am purchasing admission to the obstacle course for, hereby give my approval to this child's participation in the obstacle course.

- I assume all risks and hazards incidental to such participation in the obstacle course, and I hereby waive all of my legal rights of action against and fully release SA Base Camp for loss, damages, injury or death howsoever arising out of or in relation to the participation by me in the activities conducted or organised by SA Base Camp including without limitation, liability for any negligent or tortious act or omission, breach of duty, breach of contract or breach of statutory duty on the part of SA Base Camp, its office bearers, directors, employees or agents of any kind arising out of or connected with my child's participation in this event.
- I consent to the foregoing and grant my permission for him/her to undertake the obstacle course.
- I acknowledge I have carefully read, accepted and agreed to the terms on this Release and Liability waiver, and know and understand their contents and I sign my name freely, voluntarily and without duress.
- I understand that full and frank disclosure of any medical condition and/or disability is given by me or my parent/guardian to SA Base Camp prior to the commencement of the obstacle course.
- I understand and acknowledge that concealment of any condition and/or disability may place me at increased risk to my health or my life.

Sign here to agree to the above conditions: _____

Childs Full Name: _____ DOB: _____

Any relevant health issues SA Base Camp need to be aware of: _____

Parent/Guardian Name: _____ Signature: _____

Address: _____

Contact Phone Number: _____ Date: _____