

VACATION CARE ENROLMENT FORM



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MONDAY 5th – FRIDAY 16th JULY 2021

* We are open from 7.30am - 6.00pm

*Please note **EXCURSION DEPARTURE TIMES** and **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 25th June 2021**

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 25/6/21**, is \$57 per child per day less CCS Bookings/Payments made **After the Closing Date** are \$59 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.**

PLEASE READ CAREFULLY

NEW & VACATION CARE ONLY USERS:

Child Care Subsidy fee reductions are available. For more information contact Centrelink on 136150 or logon to myGov 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. Please follow all Covid protocols in place.

PARENT NOTICES:



Please note the **parent notice** board at the entrance to the OSHC service. The displays provide current information about activities and excursions.

SPECIAL REQUIREMENTS:



**ALL OUTDOOR ACTIVITIES
WET WEATHER**
Please send **waterproof clothing** with your child when an excursion is planned and rain is forecast.

Please note!



INFLATABLE ZONE
Please bring **Grip Socks**

VACATION CARE ENROLMENT FORM

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 myGov. 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.

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.



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.

Please ensure that children bring their pocket money in a named 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 gold dollar symbol on the program sheet.

TRANSPORTATION OF CHILDREN

Metropolitan excursions are conducted between 9.30am-3pm and are short bus trips of under an hour. Longer journeys outside the Adelaide metropolitan area are taken in a coach fitted with seat belts. Appropriate child/educator ratios are ensured and individual risk assessments prepared. Further information is available at the OSHC service.

VACATION CARE ENROLMENT FORM

TO BE COMPLETED IF you are: a NEW ENROLMENT or UPDATING CONTACTS/INFORMATION

CHILD/FAMILY NAME:											
First Name:						Gender: <input type="checkbox"/> M <input type="checkbox"/> F					
Date of Birth:			CRN:								
First Name:						Gender: <input type="checkbox"/> M <input type="checkbox"/> F					
Date of Birth:			CRN:								
First Name:						Gender: <input type="checkbox"/> M <input type="checkbox"/> F					
Date of Birth:			CRN:								

ENROLLING PARENT/GUARDIAN & BILLING DETAILS											
First Name:				Last Name:							
Date of Birth:			CRN:								
Relationship to Child:						Gender: <input type="checkbox"/> M <input type="checkbox"/> F					
Address (No./Street):				Town or Suburb:							
Postcode:			Primary Language:								
Phone No		Mobile:				Work:					
Email								Contact Priority: <input type="checkbox"/>			
Child's School											

OTHER PARENT/GUARDIAN (if applicable)											
First Name:				Last Name:							
Relationship to Child:						Gender: <input type="checkbox"/> M <input type="checkbox"/> F					
Address (No./Street):				Town or Suburb:							
Postcode:			Primary Language:								
Phone No		Mobile:				Work:					
Email								Contact Priority: <input type="checkbox"/>			

EMERGENCY CONTACTS & COLLECTION AUTHORITIES - Anyone collecting a child/ren must be 18 years or over.											
N.B. It is very important that you tell these people that you have nominated them. In nominating them you give them authority to act on the child's behalf if neither parent can be located, to pick up the child in an emergency and care for the child until s/he can be returned home.											
First Name:						Last Name:					
Relationship to Child:						Contact Priority: <input type="checkbox"/>		Gender: <input type="checkbox"/> M <input type="checkbox"/> F			
Address:						Suburb:					
Postcode:				Primary Language:							
Phone No		Mobile:				Work:					
First Name:						Last Name:					
Relationship to Child:						Contact Priority: <input type="checkbox"/>		Gender: <input type="checkbox"/> M <input type="checkbox"/> F			
Address:						Suburb:					
Postcode:				Primary Language:							
Phone No		Mobile:				Work:					
COLLECTION AUTHORITIES ONLY											
N.B. The people nominated here have been given approval only to collect the child and should NOT be contacted in case of an emergency											
First Name:						Last Name:					
Relationship to Child:						Contact Priority: <input type="checkbox"/>		Gender: <input type="checkbox"/> M <input type="checkbox"/> F			
Phone No		Mobile:				Work:					
First Name:						Last Name:					
Relationship to Child:						Contact Priority: <input type="checkbox"/>		Gender: <input type="checkbox"/> M <input type="checkbox"/> F			
Phone No		Mobile:				Work:					

VACATION CARE ENROLMENT FORM

TO BE COMPLETED IF you are: a NEW ENROLMENT or UPDATING CONTACTS/INFORMATION

MEDICAL AND HEALTH INFORMATION	
Usual Medical Attendant:	
Doctor's name:	Phone No:
Clinic name:	
Address:	Postcode: <input type="text"/>
Usual Dental Attendant:	
Dentist's name:	Phone No:
Clinic name:	
Address:	Postcode: <input type="text"/>
Ambulance cover with:	Phone No:
<input type="text"/>	<input type="text"/>
Does the child have any medical conditions?	
Please indicate severity: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
If yes, please give specifics and any related medication:	
.....	
.....	
.....	
.....	
Please complete Risk Minimisation and Communication Plan/Medical-Allergy	
Does the child have any disabilities or special needs? <input type="checkbox"/> Y <input type="checkbox"/> N	
Effective Date: <input type="text"/>	
If yes, please record specifics:	
.....	
.....	
.....	
Please complete Risk Minimisation and Communication Plan/Physical Disability-Behavioural	

Does the child require any special aids (e.g. glasses, hearing aid, any regular/seasonal medications etc)?	
If yes, please give details:	
.....	
.....	
Please complete Risk Minimisation and Communication Plan/Physical Disability-Behavioural	
Does the child have any allergies?	
Foods:	Reaction/Medication:
.....
.....
.....
Medications:	Reaction/Medication:
.....
.....
.....
Please complete Risk Minimisation and Communication Plan/Medical-Allergy	
Others:	Reaction/Medication:
.....
.....
Please complete Risk Minimisation and Communication Plan/Medical-Allergy	
<p>Note: Please supply the service with required medications in <i>original containers</i> with the <i>child's name, instructions and dosage</i> clearly marked. Please complete a permission to administer medication form together with any medical records where necessary.</p>	
Risk Minimisation and Communication Plan/Physical Disability-Behavioural <input type="checkbox"/> Y <input type="checkbox"/> N	
Risk Minimisation and Communication Plan/Medical-Allergy <input type="checkbox"/> Y <input type="checkbox"/> N	
Please sign: <input type="text"/>	

VACATION CARE ENROLMENT FORM

MUST BE COMPLETED

EXCURSION / ACTIVITY PERMISSION FORM: JULY 2021

CHILD'S Family Name:		Parent/Guardian:	
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Please write children's names on each day they will be attending and sign your consent for each excursion underneath

MONDAY 5 th	TUESDAY 6 th	WEDNESDAY 7 th	THURSDAY 8 th	FRIDAY 9 th
Name/s:	Name/s:	Name/s:	Name/s:	Name/s:
Signed:	Signed:	Signed:	Signed:	Signed:

MONDAY 12 th	TUESDAY 13 th	WEDNESDAY 14 th	THURSDAY 15 th	FRIDAY 16 th
Name/s:	Name/s:	Name/s:	Name/s:	Name/s:
Signed:	Signed:	Signed:	Signed:	Signed:

PAYMENT DETAILS

FULL FEE PAYMENT

_____ Children X _____ days X **Early Bird \$57** \$ _____ :
OR Standard \$59 **TOTAL**

Fee Reductions Available



Until 5pm
25/06/21

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 \$10.95 Standard \$11.40 per day**
1 child 50% CCS **Early Bird \$29.95 Standard \$31.00 per day**

Account Holder Name _____ CCS % _____ Hours/Fortnight _____

PAYMENT AUTHORISATION:

Name: _____

M/C Visa Please print name on card

-- CARD DETAILS MUST BE FILLED IN --

Expiry Date: _____

For Office use only

I hereby authorise Norwood OSHC to process fee payments on my credit card:

 Signature of Cardholder

\$ _____ :
 Rec#: _____
 Date: _____

VACATION CARE ENROLMENT FORM

MUST BE COMPLETED

CONSENTS – Please initial next to EACH item to which 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 to participate in roller-blade / roller-skate / skateboard / bicycle /scooter activities conducted 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 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/n 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 under adult Supervision.

I give permission for a staff member to check my child's hair for headlice 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.

AGREEMENTS – Please sign or initial WHERE REQUIRED.

I agree to provide a medication plan and to conform with the OSHC Centre's medication policy when sending medication for my children. I will communicate with the Director or a Senior Educator before sending medication.

I agree that Educators at the Service may administer simple first aid to my child if the need arises.

I understand that if at any time the staff of the Service consider that my child requires emergency medical/ hospital/ambulance assistance, they will have the local medical/hospital/ambulance attend my child. I acknowledge that I will be liable for any medical/ hospital/ambulance expenses incurred in the treatment of my child.

I give consent for an OSHC Senior Educator to hand over care to paramedics if my child is required to travel by Ambulance to seek medical treatment.

I agree to pay the required fees for my child's booked childcare hours and accept the policies and rules of the Service.

I certify that the information entered upon this form is true to the best of my knowledge and I undertake to inform the Service as soon as possible if any of these details change.

Parent/Guardian signature

____ / ____ / ____
Date