

## ENROLMENT



## Vacation Care Program



## FORMS



[norwoodoshc.com.au](http://norwoodoshc.com.au)

37 Osmond Terrace Norwood SA 5067

[margie@norwoodoshc.org.au](mailto:margie@norwoodoshc.org.au)

P: 8362 0805 **Monday 28th September – Friday 9th October 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 18<sup>th</sup> September 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 18/9/20**, is \$56 per child per day less CCS  
Bookings/Payments made **After the Closing Date** are \$58 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 login to [www.my.Gov.au](http://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. Presently, **as a COVID-safe measure**, educators are signing in and out for parents. Please wait by the entrance door to the gym and an educator will assist you with this.



### PARENT NOTICES:

Please note the **parent notice board** on the wall near the children's bag storage. The displays provide current information about activities and excursions.



### SPECIAL REQUIREMENTS:



#### **ANIMOVIE: MAKE YOUR OWN MOVIE**

Please bring a **shoe box** to create a diorama.

**PLEASE NOTE**



#### **ALL OUTDOOR ACTIVITIES**

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

#### **STREET SUP ADELAIDE**

Bring helmets & knee and elbow pads.

## **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](http://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: SEPTEMBER / OCTOBER 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 28 <sup>th</sup>	TUESDAY 29 <sup>th</sup>	WEDNESDAY 30 <sup>th</sup>	THURSDAY 1 <sup>st</sup>	FRIDAY 2 <sup>nd</sup>
Name/s:	Name/s:	Name/s:	Name/s:	Name/s:
Signed.....	Signed.....	Signed.....	Signed.....	Signed.....
MONDAY 5 <sup>th</sup>	TUESDAY 6 <sup>th</sup>	WEDNESDAY 7 <sup>th</sup>	THURSDAY 8 <sup>th</sup>	FRIDAY 9 <sup>th</sup>
<b>LABOUR DAY</b>  <b>HOLIDAY</b>	Name/s:	Name/s:	Name/s:	Name/s:
	Signed.....	Signed.....	Signed.....	Signed.....

## FULL FEE PAYMENT

## PAYMENT DETAILS

## PAYMENT CALCULATIONS

\_\_\_\_\_ children x \_\_\_\_\_ days x **Early Bird** \$56  
**OR Standard** \$58

\$\_\_\_\_\_ FEES

### 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** \$10.80 **Standard** \$11.20 per day  
1 child **50% CCS** **Early Bird** \$29.40 **Standard** \$30.45 per day

Account Holder Name \_\_\_\_\_ CCS % \_\_\_\_\_ Hours per Fortnight \_\_\_\_\_

## Fee Reductions Available



**Until 18/09/20**

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

\$ \_\_\_\_\_ :

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**

<b>Name</b>			<b>Relationship to child:</b>	
<b>Phone</b>	<b>Mob:</b>	<b>Work:</b>	<b>Home:</b>	
<b>Address</b>				

<b>Name</b>			<b>Relationship to child:</b>	
<b>Phone</b>	<b>Mob:</b>	<b>Work:</b>	<b>Home:</b>	
<b>Address</b>				

<b><u>Parent Receiving Child Care Subsidy</u></b> .....	<b>Date of Birth</b> .....
<b>CRN</b> .....	<b>Email Address</b> .....
<b>THE SCHOOL YOUR CHILD/REN ATTEND</b> .....	

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

<b>Name</b>			<b>Relationship to child:</b>	
<b>Phone</b>	<b>Mob:</b>	<b>Work:</b>	<b>Home:</b>	

<b>Name</b>			<b>Relationship to child:</b>	
<b>Phone</b>	<b>Mob:</b>	<b>Work:</b>	<b>Home:</b>	

### **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.

**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 \_\_\_\_\_