

Vacation Care Enrolment Form Monday 28 September to Friday 9 October 2020

HURSTVILLE OOSH

Dear Parent/Guardian

Please complete this Vacation Care form with a black or blue pen.

As there are limited places, please ensure your form is submitted to the Centre

Co-ordinator / Assistant no later than **Friday 11 September 2020** as places will be allocated on a **“First come first served basis”** Fees will then be calculated and advised.

- The fee for **Vacation Care** is **\$50** for an in centre day and, **an extra fee will be charged** for in/excursions. Fees are payable prior to the commencement of Vacation Care.
- Remember to mark the days required and please choose the days carefully as days cannot be altered once they have been booked.
- **Any booked day cancelled once the payment has been made is NONrefundable.**
- **NO ELECTRONIC GAMES ARE TO BE BROUGHT TO THE CENTRE UNLESS STATED IN THE PROGRAM.**
- Parents eligible to receive CCS must provide their Family and Child Reference Number to the Co-ordinator as well as the parents and child’s full name and date of birth as stated with the FAO. Eligible parents must confirm their child’s enrollment on their myGov account before they can receive their subsidy.
- Parents Must Sign their child/ren in and out of the Centre each day and provide them with comfortable shoes, appropriate clothing, a hat, a snack, a bottle of water and a healthy lunch unless lunch is provided if stated in the program.
- Parents must inform staff of any prior injuries that their children have. Also, if a child is asthmatic an asthma plan must be supplied, this ensures the health and safety of your child/ren.
- Any medication requested for administering must be accompanied with a detailed doctor note; a medication form must be completed and signed prior to medication being administered.
- The email of the parent paying the fees for vacation care must be attached to the form. The fees will be sent prior to vacation care starting they must also be finalized.
- Any Dietary requirements must be informed prior to vacation care starting these include: Allergies, Intolerance and Religious restrictions. Examples include Anaphylaxis response to tree nuts, Halal, Gluten intolerance. These need to be written at the bottom of the enrolment form or attached to the enrolment form.
- **Page 1 and 2 is to be kept by the parent or guardian page 3 and 4 is to be returned to the centre.**

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Vacation Care Policy Summary

The following items are important to keep in mind as they are to do with your child's attendance in our vacation care program.

1. Fees need to be paid two weeks before vacation care starts otherwise your child will not be accepted. Any account queries call our Admin officer on 91507823 Monday to Thursday 9am-3pm.
2. **Water bottles** are to be brought **every day**; alternatively, you can purchase one from the centre at \$1.50.
3. **Hats** and **Protective Shoes** are to be worn, otherwise your child will not be able to **attend excursions** or take part in the **outdoor activities**.
4. Morning Tea and Lunch needs to be brought **every day**. Alternatively, if you would like us to prepare lunch the following items are Sandwich and Fruit \$2.00, Sandwich and Cheese and Crackers with fruit \$5.00. We need to be informed the day before your child attends.
5. **Excursion Days**, children must **not** arrive after **9am**. Otherwise they will not be accepted to go on the excursion as they may miss or delay the bus.
6. Children must follow the instructions set by the educators. A maximum of **three warnings** will be given. If behavior persists parents will be notified and the child will be sent home, **without** a refund given.
7. **All families** must supply a **contact** which may be contactable during the day in case of situations where the parent/guardian may not be able to answer the phone. Situations include where the child is ill, and parents are **unable** to pick them up from the centre.
8. **No Electronics** or other personal belongings are to be brought in to the centre. Any electronics found will be **confiscated** and **locked away** and **returned** to the **parent**.
9. **Under no circumstance** is any educator responsible for personal belongings of a child. We encourage children to use the items supplied by the Centre not items from home unless stated in the program. Items which are being specified include: Toys, Collectible cards, Handballs, Dolls.
10. We encourage all children to pack away their activity prior to leaving the centre; we understand that some activities involve children who are still using the equipment. Although would appreciate the children packing up the specified items.
11. The Centre closes at **6pm**, after 6pm there is a late fee of **\$30.00** for **every 15 minutes** or part of. This needs to be paid on the day to the two staff members who are present. Please notify us if you are sending someone else to pick up your child and/or if you're running late.
Hurstville Vacation Care: 0418481358

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HURSTVILLE OSHC

Date	Activity/ Excursion	Fee		
Monday 28/9/2020	In Centre Day -	\$50		
Tuesday 29/9/2020	In Centre Day –	\$50		
Wednesday 30/9/2020	In Centre Day –	\$50		
Thursday 1/10/2020	In Centre Day –	\$50		
Friday 2/10/2020	In centre day –	\$50		
Monday 5/10/2020	Closed Public Holiday			
Tuesday 6/10/2020	In Centre Day –	\$50		
Wednesday 7/10/2020	In Centre Day –.	\$50		
Thursday 8/10/2020	In Centre Day –	\$50		
Friday 9/10/2020	In Centre Day	\$50		

Please make sure the following section is completed as incomplete forms will not be accepted. Remember to mark the days required and please choose the days carefully as days cannot be altered once they have been booked.

Does your child have Food Allergies Y/N if Y;

Does your child have Food Intolerances Y/N if Y;

Does Your Child have Religious restrictions Y/N if Y;

Child/ren's Name: _____

Parents Name: _____ Phone: _____

The child/ren named above has/have permission to attend Hurstville Vacation Care and participate in the organized excursions and activities. I have signed and agreed for my child to attend the chosen excursions as stated on the following page.

Parent's Signature: _____ Date: _____

Vacation Care Fees Paid Receipt number: _____

PAYEE EMAIL: _____