



Lyneham October 2019 Vacation Care Booking Form

Please note that there is a separate form for booking Before School Care and After School Care

Bookings and payment

Permanent bookings

- Permanent bookings are bookings that have been received before the end of Term 3, by **27th of September 2019**.
- Fees for permanent bookings are \$74 per day.
- In order to receive a refund, cancellations for permanent bookings must be received at least **72 hours** prior to the booking date.

Casual/late bookings

- Casual bookings are bookings that have been received after Friday 27th of September and are subject to availability.
- Casual bookings must be made at least **24 hours** prior to the booking date.
- Fees for casual bookings are \$87 per day.
- In order to receive a refund, cancellations for casual bookings must be received at least **72 hours** prior to the booking date.

Important notes

- Please be aware that any fees for late cancellations or unattended days are not refundable or transferable.
- Any non-Brindabella Christian College children attending Vacation Care must pay fees in advance.
- **A system of payment for late collection of children operates at Vacation Care to cover any staff overtime expenses. This will be charged at \$50 for the first 5 minutes, and \$5 per minute thereafter. (As of October 2018)**

Hours of Operation

- **Vacation Care operates from 7:30am until 6:00pm daily**

Excursion Days

- Children must be at the College no later than 8:30am (unless stated) and may be collected after 4:00pm.
- 24 hours' notice will be given before an excursion.
- Additional fees may apply for excursions.

Essential items

Please ensure that children bring the following items each day:

- Extra clothes and Jumpers
- Drink bottle (water only)
- Appropriate footwear for participating in long walks, kicking balls and climbing equipment (thongs are not permitted)

Please leave any personal items such as toys, computer games etc. at home.

Vacation Care will provide morning tea, lunch and afternoon tea. No food is required unless there are special dietary requirements.

No bookings can be accepted without a completed OSHC Enrolment Form for 2019

October Vacation Care Planned Activities 2019

	Monday 30/09/19	Tuesday 01/10/19	Wednesday 02/10/19	Thursday 03/10/19	Friday 04/10/19
Activity	<p>Construction Day</p> <p><i>Experiencing a day of construction with the use of Lego, Frameworks and sustainable materials</i></p>	<p>Garden Day</p> <p><i>Experience planting and growing fruit/flower bearing plants</i></p>	<p>IncurSION Day: Bubble Soccer</p> <p><i>(Sports Inflatables will be available to support outdoor soccer play and training sessions)</i></p> <p>Additional \$15 cost per child</p>	<p>Sports Day</p> <p><i>Participating in a day of individual and group sports</i></p>	<p>Camping Day</p> <p><i>Children will be participating putting up their own tent as a group and enjoy lunch outdoor</i></p>
What to bring	Own hat, drink bottle & spare clothes	Optional: Own gardening tools and gloves	Own hat, drink bottle & spare clothes	Comfortable clothes and close shoes	Optional: Sleeping bags, Tents
	Monday 07/10/19	Tuesday 8/10/19	Wednesday 9/10/19	Thursday 10/10/19	Friday 11/10/19
Activity	<p>Labour Day!</p> <p>Public Holiday</p>	<p>Spa and Wellness Day</p> <p><i>(Engage in a full pampering and child friendly spa and sensory experience for a healthy and happy wellbeing)</i></p>	<p>Junior Master Chef</p> <p><i>(Experience to run the kitchen with fun and challenge by preparing a master recipe!)</i></p>	<p>Excursion to Movies:</p> <p>" Angry Birds 2"</p> <p>Additional \$20 cost per child *Required completed permission form</p>	<p>Fashion Day</p> <p><i>Making/ sewing clothes with recycled materials</i></p>
What to bring		Own hat, drink bottle & spare clothes	Signed permission note (additional fee will be charged to your account) Hat, drink bottles	Optional: Aprons	Own hat, drink bottle & spare clothes

Vacation Care Booking

Child 1

Name: _____ DOB: _____ 2019 School Year: _____

Child 2

Name: _____ DOB: _____ 2019 School Year: _____

Child 3

Name: _____ DOB: _____ 2019 School Year: _____

Please highlight or circle days of care required

Child 1 – Name:				
Mon	Tues	Wed	Thurs	Fri
30/09/2019	01/10/2019	02/10/2019	03/10/2019	04/10/2019
Public Holiday	08/10/2019	09/10/2019	10/10/2019	11/10/2019

Child 2 – Name:				
Mon	Tues	Wed	Thurs	Fri
30/09/2019	01/10/2019	02/10/2019	03/10/2019	04/10/2019
Public Holiday	08/10/2019	09/10/2019	10/10/2019	11/10/2019

Child 3 – Name:				
Mon	Tues	Wed	Thurs	Fri
30/09/2019	01/10/2019	02/10/2019	03/10/2019	04/10/2019
Public Holiday	08/10/2019	09/10/2019	10/10/2019	11/10/2019

Permission to watch PG rated movies

I give permission for my child/ren to watch PG rated movies at Vacation Care under the supervision of BCC OSHC staff.

Yes
 No

Parent/Guardian's Signature _____ Date: _____

Parent/ Guardian 1

Name: _____ Daytime contact Number: _____

Signature _____ Date: _____

Parent/ Guardian 2

Name: _____ Daytime contact Number: _____

Signature _____ Date: _____

Note: Complying Written Arrangement (CWA): Signing the above forms the basis of your CWA with our service.

Program subject to change depending student numbers

Child Enrolment Form – Vacation Care

1. Child Details

Child's Given Name(s):			
Child's Surname:		Child's Preferred Name	
Any Former Name(s):		Child's Gender (please circle)	Male / Female
Date of Birth:		Place of birth	
Child's Primary Residential Address:			
Is the child of Aboriginal or Torres Strait Islander origin	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal & Torres Strait Islander		
Cultural Background Nationality:		Languages spoken at home:	
Name of Campus (Please Circle):	Lyneham Charnwood		

2. Primary Parent /Guardian to Contact or Collect

Parent / Guardian 1

Relationship to Child:			
Given Name(s):		Surname:	
Any Former Name(s):		Date of Birth:	
Contact Numbers:	Home:	Mobile:	Work:
Email:			
Home Address:		Postal Address:	
Occupation:	Company:	Company Address:	
Cultural Background/ Nationality:		Language spoken at home:	

Parent / Guardian 2

Relationship to Child:			
Given Name(s):		Surname:	
Any Former Name(s):		Date of Birth:	
Contact Numbers:	Home:	Mobile:	Work:
Email:			
Home Address:		Postal Address:	
Occupation:	Company:	Company Address:	
Cultural Background/ Nationality:		Language spoken at home:	

Parent & Centre Confirmation

All sections are completed in-full and correctly	Y/N	Parent/ Guardian has signed the Enrolment form	Y/N
All necessary boxes are ticked and filled in	Y/N	Director/staff member signature and information entered into system	Y/N

3. Birth Certificate Details

Child's birth certificate, extract of birth certificate or equivalent document has been sighted and copied by the Centre Director. (please circle)	Yes / No	Centre Director Signature:

4. Court Orders

Are there any Court Orders, Parenting Plans or Parenting Orders pertaining to your child? (Please circle)	Yes / No
<p>If YES, you MUST provide a copy of this order to the centre for your child's file so they can verify custody arrangements and keep this information in your child's file. All staff will be made aware of the existence of such documentation. This order must relate to power, duties, responsibilities or authority of any person in relation to the child, access to the child or residence of the child. It is the parent's responsibility to ensure that all documents regarding custody/ access are kept up to date at all times.</p>	
Are there any special family arrangements (i.e. Sole Parent, Shared Custody etc?) (Please circle)	Yes / No
If yes, please provide details:	
<p>⚠ Please note: The Education and Care Service (Centre) is guided by the Custody, Court and Protections Order Centre Policy. For more information regarding how this will affect your family please ask the Centre Director to provide you with a copy. Alternatively this policy, and all centre policies, are always available at the education and care service.</p>	

5. Centrelink Information – MUST BE COMPLETED FOR EVERY ENROLMENT

Centre Name:			
Start Date:		Parent CRN:	
Child CRN:		Percentage/s from FAO:	
Registering Parent Name:		Registering Parent DOB: (essential for enrolment & CCB purposes)	
Approved Centrelink Hours: (please circle)	24 Hours	50 Hours	Other:
Does your child attend another child care service? (Please circle)			Yes / No
If yes, which service and how many days do they attend that service?			
Does your child have siblings attending another child care service? (Please circle)			Yes / No
If yes, which service?			
Name of sibling(s):			

⚠ Important Information

- It is your responsibility to register your child at Centrelink prior to enrolment in order to claim the child care Subsidy.
- It is your responsibility to notify the centre if your child care arrangements change as it will affect the amount of Child Care Subsidy (CCS) applied by the Family Assistance Office.
- You are entitled to up to 100 hours of Child Care Subsidy per fortnight for each child in approved registered care if you:
 - Work (includes paid full-time, part-time or casual work, self-employment, paid leave, unpaid sick leave, paid or unpaid parental leave and setting up a business.)
 - Are actively looking for paid work, or volunteer work for 15 hours or more per week, or study or training (includes voluntary or unpaid work to improve your skills).
 - Are a person with a disability; or care for a child or adult with a disability; or are an eligible grandparent who has the primary responsibility for raising and caring for your grandchild (applies to approved care only).

Parent & Centre Confirmation

All sections are completed in-full and correctly	Y/N	Parent/ Guardian has signed the Enrolment form	Y/N
All necessary boxes are ticked and filled in	Y/N	Director/staff member signature and information entered into system	Y/N

6. Nominee Authorisation

The nominees below will only be contacted in emergency situations in instances where all attempts to contact the parent/ legal guardians have failed, or when prior written notice has been provided by the parent/ legal guardian. Specific authorisation information is provided for each Nominee.

Authorised Nominee 1:

First Name:		Surname:		Any Former Name(s):	
Relationship to Child:		Date of Birth:			
Work Phone:		Home Phone:			
Mobile Phone:		Email:			
Home Address:		PO Box Address:			
Work Address:					

I authorise this Nominee to:

- Collect my child from the service and authorise an education and care service team member to take my child outside the education and care service
- Consent to medical treatment or the administration of medication to my child during times of illness or emergency

Parent/Guardian Signature:

Date:

SIGN HERE

Authorised Nominee 2

First Name:		Surname:		Any Former Name(s):	
Relationship to Child:		Date of Birth:			
Work Phone:		Home Phone:			
Mobile Phone:		Email:			
Home Address:		PO Box Address:			
Work Address:					

I authorise this Nominee to:

- Collect my child from the service and authorise an education and care service team member to take my child outside the education and care service
- Consent to medical treatment or the administration of medication to my child during times of illness or emergency

Parent/Guardian Signature:

Date:

SIGN HERE

Authorised Nominee 3

First Name:		Surname:		Any Former Name(s):	
Relationship to Child:		Date of Birth:			
Work Phone:		Home Phone:			
Mobile Phone:		Email:			
Home Address:		PO Box Address:			
Work Address:					

I authorise this Nominee to:

- Collect my child from the service and authorise an education and care service team member to take my child outside the education and care service
- Consent to medical treatment or the administration of medication to my child during times of illness or emergency

Parent/Guardian Signature:

Date:

SIGN HERE

Parent & Centre Confirmation

All sections are completed in-full and correctly	Y/N	Parent/ Guardian has signed the Enrolment form	Y/N
All necessary boxes are ticked and filled in	Y/N	Director/staff member signature and information entered into system	Y/N

Created- September 2017- Next scheduled Revision September 2018

Please note it is the parent/ legal guardian's responsibility to ensure that the authorised nominee information (and all other information in this enrolment form) is up to date and current at all times.

7. Your Child's Health

Has the child's Health Record been sighted? (Please Circle)	Yes / No	Centre Director Signature:
Does your child have any known allergies/ illnesses? (Please Circle) If Anaphylactic please go to section 7.2 below	Yes / No	Description of allergies/illness:
Does your child have any disabilities, medical conditions/ long term medications or any other specific health care needs e.g. asthma, epilepsy, diabetes, behavioral, medically diagnosed intolerances etc.? If yes please complete with the Centre Director the relevant medical conditions management/ risk minimisation plan (if no specific management plan is available for your child's condition then a general medical conditions management plan/ risk minimisation plan will be completed.)	Yes / No	Description of condition/medication requirements:
Does your child have any dietary requirements/ restrictions including intolerances not formally diagnosed from a medical practitioner? If yes please complete with the Centre Director a Care a Routine Deviation	Yes / No	Briefly describe dietary requirements/restrictions:
Does your child have any special requirements/ additional needs that may require any special consideration in the education and care service? These would include cultural and religious considerations. If yes please discuss with the Centre Director regarding any additional documents		Briefly describe dietary requirements/restrictions:
Please list any previous serious injuries or illnesses related to your child that may affect their time at the Centre:		

Important Information

If you answered yes to any of the above questions, specific policies and procedures may apply to the individual care of your child. The Centre Director will provide you with the relevant policies and procedures and assist you to complete any documentation required.

You may need to provide current action plans or medication information from your child's treating practitioner prior to your child's commencement at the service. Your Centre Director will provide you with further details.

Parent Acknowledgement

I have received, from the Centre Director, the policies and procedures relevant to my child's medical condition/ additional care needs and have been assisted to complete the relevant documentation e.g. Medical conditions management and risk minimisation plan or Care and Routine Deviation Form for non-medically diagnosed dietary requirements.

I understand that where medical conditions/ dietary intolerances have been medically diagnosed, that the management plans may need to be accompanied with documentation from the medical practitioner e.g. emergency action plans.

I understand that this information will be reviewed 6 monthly and, that should any changes to my child's condition occur I must notify the service as soon as practical and possible.

Parent/Guardian Name:		Parent/Guardian Signature:
		Date:

 SIGN HERE

Parent & Centre Confirmation

All sections are completed in-full and correctly	Y/N	Parent/ Guardian has signed the Enrolment form	Y/N
All necessary boxes are ticked and filled in	Y/N	Director/staff member signature and information entered into system	Y/N

7.1 Additional Information and Permission for Staff to Act in case of Accident or Emergency

Are you a member of the Ambulance Service? NB: Not applicable for Queensland Residents. (please circle)				Yes / No	
Ambulance Membership No.:		Medicare No.:		Health Fund:	
Registered Medical Practitioner Name:		Registered Medical Practitioner No.:			
Medical Practitioner Address:					
Dentist Name:		Dentist Number:			
Dentist Address:					
In case of an accident or illness requiring emergency treatment, the team member in charge will call an ambulance if required. Every effort will then be made to contact the parents or those listed as an authorised nominee to inform them of the situation. Parents are asked to complete and sign the following:					

- I / we authorise the staff of the centre to seek/provide urgent medical, dental, hospital treatment or ambulance service, including the transportation by ambulance (accompanied by an education and care services team member), for my child should this be considered necessary and accept any responsibility for cost incurred.
- Furthermore, I have read, and agreed to abide by the conditions of the use of the centre and to accept such responsibility as enrolment at the centre imposes.

Parent/Guardian Signature:

Date:

SIGN HERE

7.2 Anaphylaxis

Has your child been diagnosed as at risk of anaphylaxis? (Please circle)		Yes / No
Does your child have an auto injection device e.g. EpiPen or other medication related to their Anaphylaxis? (Please circle)		Yes / No
Does your child have dietary requirements related to their Anaphylaxis? If so, please describe briefly:		
Does your child have any environmental requirements related to their Anaphylaxis? If so, please describe briefly:		

⚠ Important Information

If you answered yes to any of the above questions, specific policies and procedures will apply to the individual care of your child. The Centre Director will provide you with the relevant policies and procedures and assist you to complete any documentation required. It is important to note that you will need to provide a current action plan completed by your child's medical practitioner prior to your child commencing at the service.

Parent/ Guardian Acknowledgment

I have received, from the Centre Director, the policies and procedures relevant to my child's Anaphylaxis care needs and have been assisted to complete the relevant documentation e.g. Medical conditions management and risk minimisation plan.

Parent/Guardian Name	Parent/Guardian Signature:
	Date:

SIGN HERE

Parent & Centre Confirmation

All sections are completed in-full and correctly	Y/N	Parent/ Guardian has signed the Enrolment form	Y/N
All necessary boxes are ticked and filled in	Y/N	Director/staff member signature and information entered into system	Y/N

8. Immunisation

Has your child been Immunised? (please circle)	Yes / No
Have you provided the Centre Director with a copy of your child's immunisation and child health record. (please circle)	Yes / No

To be eligible for Child Care Subsidy (CCS), your children must meet the immunisation requirements if they are under the age of seven. To meet the requirements, your child must:

- ✓ Be fully immunised
- ✓ Up-to-date according to the Australian Standard Vaccination Schedule
- ✓ On a catch up vaccination schedule, or
- ✓ You have an approved exemption for your child

Approved Exemptions:

Your child is exempt from the immunisation requirements in the following circumstances:

- You have been told by your doctor about the benefits and risks of immunising your child;
- You have a conscientious objection to immunising your child;
- Your child's doctor or a recognised immunisation provider will need to complete a 'Medical Contraindication' form, immunising Your child with a particular vaccine is medically contraindicated;
- The child has a natural immunity to a disease or a vaccine is temporarily unavailable; or
- You or your partner are members of the Church of Christ Scientist and you have a letter from an official of the Church advising that you are a practicing member of the Church.

NOTE: IT IS THE YOUR RESPONSIBILITY TO NOTIFY CENTRELINK AND THE CENTRE IF YOUR IMMUNISATION SCHEDULE CHANGES AS IT WILL EFFECT THE AMOUNT OF CHILD CARE SUBSIDY APPLIED BY THE FAMILY ASSISTANCE OFFICE UNLESS EXEMPTIONS ARE PREVIOUSLY APPROVED

There may be specific documentation that you will need to provide Prior to your child commencing at the service. Please discuss this with your Centre Director.

9. Maintaining Fees

<input type="checkbox"/> I agree to abide by the centre's policy of maintaining fees one (1) week in advance. I also understand fees are to be paid for all days the child is absent or sick and public holidays. If I am late collecting my child an additional fee will be charged. If fees fall behind the "one (1) week in advance", my child's place at the centre may be jeopardised.	Parent/Guardian Signature:
	Date:
<input type="checkbox"/> I am aware that more information regarding my child's fees are available	

SIGN HERE

Parent & Centre Confirmation

All sections are completed in-full and correctly	Y/N	Parent/ Guardian has signed the Enrolment form	Y/N
All necessary boxes are ticked and filled in	Y/N	Director/staff member signature and information entered into system	Y/N

Created- September 2017- Next scheduled Revision September 2018

10. Additional Permissions

I, the person whose name and signature appears below, as parent/legal guardian hereby acknowledge and give (Team members and the approved provider) the following permissions and authority to act as stated below:

To apply sunscreen to my child. I understand that I must provide and clearly label sunscreen for my child if they have allergies or reactions to the Service's supplied sunscreen. (Please circle)	Yes / No
To apply nappy creams/ lotions/ powders, provided by myself for my child. I understand that these must adhere to the guidelines in the medication policy and must be clearly labeled at all times. (Please circle)	Yes / No
For my child to be observed by students for development and training purposes. (Please circle)	Yes / No
For my child to participate in evacuation drills that may require my child to go to the designated meeting place that is outside of the education and care service	Yes / No
Excursions and Transportation of Children	
I authorise team members of the education and care service (centre) to take my child from the service (centre) at times of excursion or regular transportation e.g. to and from school. I understand that the service (centre) will follow the Delivery and Collection of Children, Transportation of Children, Excursion/ Incursion and Supervision Policies and ensure that written permission has been obtained from myself in accordance with the policy guidelines.	Yes/ No
Administration of Panadol (Paracetamol) Parent Authorisation	
I hereby give permission for the staff of the Centre to administer Children's Panadol (Paracetamol) in accordance with the centre's relevant policies and procedures including but not limited to the Medication policy, Incident, Injury, Trauma and Illness policy and Administering First Aid policy. (Please circle)	Yes / No
I understand first aid measures are the preferred method of fever/ illness assistance. In the event that an emergency dose of Panadol is required (as per centre policy guidelines) I understand that I will be required to collect my child immediately and seek further medical assistance. I understand that Panadol (Paracetamol) will only be administered as a last resort and emergency services (ambulance) will be contacted should my child's condition worsen. (Please circle)	Yes / No
Parent/ Guardian Name	Parent/Guardian Signature:
	Date:

SIGN HERE

11. Parent involvement and Special interests/ talents

Are you able to donate your time to the centre to help in events such as parent meetings or extra circular activities, incursions and excursions? (Please circle)	Yes / No
Do you or any of your family members have any special interests skills or talents that you would like to share with the centre? (Please circle)	Yes / No
Please provide details if you have answered yes to any of the above:	

Parent & Centre Confirmation

All sections are completed in-full and correctly	Y/N	Parent/ Guardian has signed the Enrolment form	Y/N
All necessary boxes are ticked and filled in	Y/N	Director/staff member signature and information entered into system	Y/N

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12. Permissions regarding Photographs

The taking of photographs at the education and care services is an integral part of the curriculum development and individual program provided to your child. In general, the photographs will be used for educational purposes and is a great way to highlight the accomplishments that they have made, the friendships they have and the special moments they participate in throughout their time in care. As there are multiple children in a room there may be times where your child's photograph will be taken with other children and these photographs may appear in other children's portfolio to be taken home at the end of the year. Please complete the below permissions for the use of your child's photographs.

<p>I give permission for the centre to use the photographs of my child for educational purpose, observations and portfolios including instances where my child's photograph may appear in other children's portfolio's</p> <p>If answered No, the Centre may use the photographs for educational purposes, observations and portfolios but my child's face and name are not to be included where they may be distributed to other families e.g portfolios</p>	<p>Yes/ No</p>
<p>I give permission for my child's photograph to be used for publicity purposes</p> <p>If answered yes please indicate by ticking the relevant box, what media you agree that the images can be used for</p> <p><input type="checkbox"/> Advertising or promotional material</p> <p><input type="checkbox"/> Website or newsletter publication</p> <p><input type="checkbox"/> Facebook or other social media publication</p>	<p>Yes/ No</p>
<p>I give permission for Brindabella Christian College to send me information and promotions via text message and email.</p>	<p>Yes/ No</p>
<p>Parent/ Guardian Name</p>	<p>Parent/Guardian Signature:</p>
	<p>Date:</p>

SIGN HERE

13. Policy & Enrolment Information Confirmation

- I understand that I must familiarise myself with the centre's policies as soon as possible and practical and discuss any concerns with the Centre Director. I am aware that the services policies are always available to me in the Education and Care Service (Centre) and copies may be provided to me on request * Conditions apply. By signing below I am agreeing that the responsibility to read and understand the policies and procedures is mine and agree to abide by them at all times.
- I am also aware that the policies will change from time to time due to review by the education and care service/ approved provider to ensure they meet Regulatory requirements. I am aware that I am provided with opportunity to contribute to the policy review process at any time and that the Education and Care Service (Centre) will notify me of changes made.
- I acknowledge that I have read and understand the contents of the parent information book issued by the centre, and agree to abide by the conditions and policies stated there in.

<p>Parent/ Guardian Name</p>	<p>Parent/Guardian Signature:</p>
	<p>Date:</p>
<p>Witness Name:</p>	<p>Witness Signature:</p>
	<p>Date:</p>

SIGN HERE

SIGN HERE

NOTE: * Policies will only be printed by request. Full sets of policies and procedures will not be printed due to administrative and sustainability considerations.

Parent & Centre Confirmation			
All sections are completed in-full and correctly	Y/N	Parent/ Guardian has signed the Enrolment form	Y/N
All necessary boxes are ticked and filled in	Y/N	Director/staff member signature and information entered into system	Y/N