

Kangarilla/Clarendon Vacation Care Booking Form

Child Details -

Family Name _____ First Name _____ D.O.B: _____

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If emergency and contact details are the same as for Out of School Hours Care Enrolment details, please tick box

Emergency and Contact Details -

Name: _____ Relationship to child: _____

Phone: _____ Mobile: _____

Name: _____ Relationship to child: _____

Phone: _____ Mobile: _____

Medical details – (please circle)

Does your child/ren require regular medication or special aids? YES NO

Does your child have any allergies? E.g. penicillin, foods, insect bites YES NO

All medication, special aids must be handed to the director prior to your child’s attendance with any relevant instructions regarding their use.

Booking - Please tick the sessions you wish for your child/ren to attend.

Monday 1/10/18	Tuesday 2/10/18	Wednesday 3/10/18	Thursday 4/10/18	Friday 5/10/18
CLOSED				
Monday 8/10/18	Tuesday 9/10/18	Wednesday 10/10/18	Thursday 11/10/18	Friday 12/10/18

AGREEMENT – Please read before signing

I agree to pay the required fee for vacation care and accept the policies and rules which govern the service.

I agree that it is my responsibility to contact Centrelink & quote the **Carer Registration No: 407 254 271B**

I agree to provide my child/ren with a healthy morning snack and lunch, unless otherwise indicated.

I understand that if I fail to cancel a Vacation Care Booking without the centre being given **5 days notice**, I will be charged the normal fee less any Child Care benefit entitlements. I will also be charged for any excursion fees that may apply.

I understand that staff members are required to administer simple first aid if the need arises.

I understand that if at any time staff of the program considers that my child requires emergency medical, hospital or ambulance service, they will have the local services attend to my child.

I acknowledge that I will be liable for any medical, hospital, ambulance expenses incurred in the treatment of my child.

I understand that my child/ren is required to wear a full brimmed hat when playing outside when UV spectrum is high.

I understand that children are not to bring personal items such as phones, iPods etc. If they are brought, staff is not responsible for lost or misplaced goods.

I give permission to my children to watch suitable G and PG rated movies. **YES/NO**

I consent for photographs to be taken as part of the children's program, which may **only** displayed in the OSHC room or in newsletters etc. **YES/NO**

I certify that the information entered upon this form is true to the best of my knowledge and that I agree to inform the centre if any details change.

Signature of Parent/Caregiver: _____ **Date:** _____