



Vacation Care Enrolment Form

April 2012

(The following Information is Confidential)

CHILDS DETAILS

First Name: _____ Surname: _____

Address: _____ Gender: M / F

DOB: ___ / ___ / ___ Age: _____ Religion: _____ School: _____

Start date of School: _____ Swimming Level: _____ Nationality: _____

Child's CRN: _____ (The number given to each child by Centrelink- 9 numbers and one letter)

Are there any Family Court orders affecting access to the child? YES / NO

Please give details: _____

PARENT/GUARDIAN DETAILS (1) – The person who is claiming Child Care Benefit

Full Name: _____

DOB: ___ / ___ / ___ Parent's CRN _____ Relationship to child: _____

Residential Address: _____

Telephone: (Home) _____ (Mobile) _____

Address/Place of Work/Study: _____ Work Phone: _____

Email address: _____

PARENT/GUARDIAN DETAILS (2)

Full Name: _____

DOB: ___ / ___ / ___ Relationship to child: _____

Residential Address: _____

Telephone: (Home) _____ (Mobile) _____

Address/Place of Work/Study: _____ Work Phone: _____

Email address: _____

CHILD CARE BENEFIT 50% Rebate

Do you wish to claim Child Care Benefit and the 50% Rebate? YES NO
 You **must be** registered with Centrelink to claim Child Care Benefit and/or the 50% rebate, if you are not registered please phone the **Family Assistance Office on 13 61 50** or call into any **Medicare Office**. You need to provide us with your CRN's even if you are not claiming CCB.

To enable us to reduce your child care fees and apply CCB, we must have the following:

- Parents and Childs correct date of birth.
- Parents and Child's Customer Reference Numbers, there are different numbers for each person and can be found on correspondence from FAO, if you do not know your CRN's, you need to phone FAO. Please be careful when filling out these numbers in the sections above, otherwise your claim cannot be processed and you will be charged full fees.

Please contact the Children's Services Coordinator on 9795 2222 if you need further help.

PERMISSION

I give the staff of South West Sports Centre Outside School Hours Care program the following authority:

EXCURSIONS: For my child to take part in short walking excursions from the centre. (To the local playground, library, PCYC, oval etc.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SWIMMING PERMISSION: For my child to take part in swimming activities carried out within the Centre over the duration of each program.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
PUBLICITY: To use the first name and / or photo of my child for centre displays and / or promotional use, including media.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
CELEBRATIONS: For my child to participate in festivals/celebrations which may include some cultural activities. (such as Easter, Christmas etc)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
MOVIE RATINGS: For my child to watch a PG rated movie deemed suitable by the qualified staff of the program.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
PRIVATE CAR: For my child to transported in the centre vehicle if the need arises.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

OTHER INFORMATION ABOUT YOUR CHILD

Does your child speak a different language other than English? If yes, what language/s: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child need a bi-lingual worker to assist them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have any fears? If yes, please give details.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have any needs / challenging behaviours? If yes, please give details.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there any other information you would like to tell us about your child? If yes, please give details.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child have any special dietary requirements?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

ENROLMENT TERMS & CONDITIONS

I acknowledge the following: *(Please tick the boxes as you read through the each point)*

<input type="checkbox"/>	I understand that the service is unable to care for sick children or children with contagious illnesses and therefore will not book my child in if this is the case. I am also aware that my child will need to be picked up from the Centre if they become ill whilst attending.
<input type="checkbox"/>	I am aware that Medication will only be administered to my child by a qualified staff member if it is prescribed by a doctor or written parent authorisation is received on the day it is to be administered.
<input type="checkbox"/>	I acknowledge that my child will not leave the premises or be transported from the centre before the end of the session unless the child is in the care of- <ul style="list-style-type: none"> • The child's parent or a person authorised by the child's parent. • An employee of South West Sports Centre who is responsible for the child and has written authorisation from a parent to take the child from the premises for a specific purpose. • In the case of an emergency, a person authorised and having due regard to the safety and welfare of the child.
<input type="checkbox"/>	BOOKINGS AND CANCELLATION POLICY <ul style="list-style-type: none"> • All days must be booked prior to your child attending the service. Additional bookings will be subject to availability. • Enrolment for this Vacation Care program will not be accepted if you have an outstanding account. • All enrolment forms must be accompanied by a minimum \$20 non-refundable deposit. This amount will be credited to your account. • The balance of fees must be paid PRIOR to your child's first enrolled day of Vacation Care. • <u>Cancellations, absences or illness with less than 7 days notice will still incur normal daily fee. Please select your days carefully when booking your child into care.</u> • If you wish to claim CCB and/or the 50%rebate then you must supply your child's CRN number and parent/guardian's CRN number (copy of the official Centre link assessment provided) before the rebate can be applied to your account. • Please note - excursion days may incur an additional fee to cover excursion costs. These are also subsidised by the centre.
<input type="checkbox"/>	COMMUNICATION As part of your enrolment in our Vacation Care Program, we will contact you from time to time in regards to news, events, special promotions and information pertaining to the South West Sport Centre. You can be assured that your contact details will not be provided or sold to any third party under any circumstances.

BOOKING SELECTION Please tick the day/s you wish to enrol your child
 The cost is \$45 per day (before child care rebate)

Please try to pack swimming gear each day just in case the program allows us time to swim

	Mon 9 th April	Tue 10 th April	Wed 11 th April	Thur 12 th April	Fri 13 th April
WEEK 1	EASTER MONDAY No Program	<input type="checkbox"/> SCREAM FOR YOUR TEAM Wear your favourite teams colours	<input type="checkbox"/> WETNWILD Fun in the pool	<input type="checkbox"/> EXCURSION Yallingup Maze Extra \$15 Includes Lunch	<input type="checkbox"/> BLACK FRIDAY 2 Dress in something from Halloween
	Mon 16 th April	Tues 17 th April	Wed 18 th April	Thur 19 th April	Fri 20 th April
WEEK 2	<input type="checkbox"/> EXCURSION Donnybrook Fun Park Extra \$15 Includes Lunch	<input type="checkbox"/> WETNWILD Fun in the pool	<input type="checkbox"/> VISIT PCYC 10am to 12noon Arm Wrestling Competition Bouncy Castle Cooking	<input type="checkbox"/> SAFARI SOCCER am CRICKET CLINIC pm	<input type="checkbox"/> WETNWILD PARTY Fun in the pool
Do you have other children in care whilst enrolled children are attending the South West Sports Centre Vacation Care? Yes <input type="checkbox"/> No <input type="checkbox"/>					
How many other siblings will be care at other centres? _____					

By signing below I acknowledge that I have read and understood the enrolment terms and conditions listed on this enrolment form and have provided accurate information on the enrolment form.

Signature of Parent/Guardian: _____ Date: _____

OFFICE USE ONLY

VACATION CARE

Total Fee Due: \$45 x (no. of days) _____

PLUS Excursion Fee: _____

Staff member processing payment: _____

Deposit received: \$ _____ Date received: _____

Payment Details

- | | | |
|-------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Eftpos | <input type="checkbox"/> Cheque/Money Order (payable City of Bunbury) |
| <input type="checkbox"/> Visa | <input type="checkbox"/> Mastercard | <input type="checkbox"/> Bankcard |

Vacation Care Admin

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Booking entered | <input type="checkbox"/> Deposit receipted | <input type="checkbox"/> CCMS Enrolled | <input type="checkbox"/> Child info list |
|--|--|--|--|

All Payments can be made in person at the South West Sports Centre using cash, EFTPOS or Credit Card. Credit Card Payments can also be accepted over the phone

THIS ENROLMENT FORM MUST BE RENEWED BY PARENTS PRIOR TO THE COMMENCEMENT OF EACH VACATION CARE PROGRAM, TO ENSURE ALL INFORMATION IS UP TO DATE.