

## Westgate Vacation Care

W: [www.westgateindoorsports.com.au](http://www.westgateindoorsports.com.au) A: Cnr Grieve Pde and Doherty's Rd, Altona North 3025 P: (03) 9369 888 E: [westgate@bigblue.net.au](mailto:westgate@bigblue.net.au)

## Child Details

<b>Name:</b>		<b>Middle Name:</b>		<b>Surname:</b>	
<b>Gender:</b>	Male / Female	<b>Medicare No.</b>		<b>Position on card:</b>	
<b>CRN No.</b>		<b>D.O.B:</b>		<b>Place of birth:</b>	
<b>Language spoken at home:</b>		<b>Cultural background:</b>		<b>Religious beliefs:</b>	
<b>Any special considerations:</b>					
<b>Is your child of Aboriginal or Torres strait islander back</b>		<b>Yes / No</b>	<b>How did you hear about us?</b>		
<b>Address:</b>				<b>Suburb:</b>	
<b>Post Code:</b>			<b>Immunisations up to date:</b>	<b>Yes / No</b>	

## Medical Information

Are there any past illnesses, infectious diseases, medical conditions that we would require knowledge of? Please list.	<b>Yes / No</b>
Does your child require any medication on a regular basis? If so, please give details and fill in a separate form. Please list.	<b>Yes / No</b>
Does your child have any difficulties that may require additional assistance in order for them to be able to attend and participate in the program?	<b>Yes / No</b>
Has your child been diagnosed with a disability? Please supply information. (If so, a child profile will be required to be filled out)	<b>Yes / No</b>
Is your child diagnosed or do they suffer from any behavioural issues? (if so, please fill out a management plan)	<b>Yes / No</b>
Does your child suffer from any allergies? (if so, please fill out a management plan)	<b>Yes / No</b>
Does your child suffer from epilepsy? (if so, please fill out action plan/information sheet)	<b>Yes / No</b>
Does your child suffer from asthma? (if so, please supply updated asthma action plan)	<b>Yes / No</b>
Does your child have Private Health Cover?	<b>Yes / No</b>
Does your child have any dietary requirements? (if so, please provide details below)	<b>Yes / No</b>

		<b>Early Bid Rate</b> <i>Pay IN FULL by 6<sup>TH</sup> DECEMBER 2019</i>	<b>Standard Rate</b> <i>Pay IN FULL prior to child attending</i>	<b>On the day Rate</b>
<b>Full Day</b>	<b>FD</b>	<b>\$48</b>	<b>\$54</b>	<b>\$60</b>
<b>Half Day</b>	<b>Any 5 Hours</b>	<b>\$38</b>	<b>\$44</b>	<b>\$50</b>

Office hours relating to the Westgate Vacation Care bookings and information are from 10am to 5pm Weekdays only.

Bookings can only be done online, email or in person. Bookings over the phone are not accepted.

Westgate Vacation Care is a PRE-PAID program. Payment in FULL is required PRIOR to child's first day attending.

## Parent/ Guardian Details (whom child CRN is registered too)

<b>Name:</b>		<b>Middle Name:</b>		<b>Surname:</b>	
<b>Gender:</b>	Male / Female	<b>CRN No.</b>		<b>D.O.B:</b>	
<b>Email Address:</b>					
<b>Contact Number:</b>	<b>H:</b>	<b>W:</b>	<b>M:</b>		
<b>Address: If different from above</b>				<b>Suburb:</b>	
<b>Post Code:</b>				<b>Occupation:</b>	

## Parent/ Guardian Details

<b>Name:</b>		<b>Middle Name:</b>		<b>Surname:</b>	
<b>Gender:</b>	Male / Female	<b>CRN No.</b>		<b>D.O.B:</b>	
<b>Contact Number:</b>	<b>H:</b>	<b>W:</b>	<b>M:</b>	<b>Occupation:</b>	Yes / No

## Medical Practitioner

<b>Name:</b>		<b>Surname:</b>		<b>Contact No.</b>	
<b>Address: If different from above</b>				<b>Suburb:</b>	
<b>Post Code:</b>				<b>Occupation:</b>	

## Authorised Nominee (minimum 1 contact)

- Authority to collect the child from the service.
- Authorisation to consent to the medical treatment of the child authorising the program co-ordinator to seek medical treatment by a medical practitioner, hospital or ambulance service as well as request or permit the administration of medication to the child.
- Maybe notified of any accident, trauma, injury or illness involving the child.
- PLEASE NOTE: Persons below are required to be over 18, have access to a car and be able to collect the child/ren at short notice and cannot be the parent or guardian listed above.

<b>Name:</b>		<b>Surname:</b>		<b>Relationship with child:</b>	
<b>Contact Number:</b>	<b>H:</b>	<b>W:</b>	<b>M:</b>		

<b>Name:</b>		<b>Surname:</b>		<b>Relationship with child:</b>	
<b>Contact Number:</b>	<b>H:</b>	<b>W:</b>	<b>M:</b>		

#### BOOKINGS AND PAYMENTS

All bookings must be submitted prior to your child attending the program including all relevant additional information such as action plans and management plans. Our program is a **PRE-PAID** program and requires **FULL PAYMENT** prior to your child's first day. If there are any issues while processing the application that cannot be rectified promptly, we require **FULL PAYMENT** on a day to day basis until issue is resolved. Any accounts that are in credit due to Child Care Subsidy being applied late will receive a refund of the difference.

#### CHILD CARE SUBSIDY

The percentage of Child Care Subsidy a family is entitled to is based on combined annual family income and is applied on a per child basis, regardless the number of children in a family or their age.

While the Child Care Subsidy does not include different rates and complex loadings to provide greater assistance to families with multiple children, it is better targeted and provides more assistance for low- and middle-income families in relation to all children.

**For more information visit:** <https://www.education.gov.au/new-child-care-package-frequently-asked-questions>

**PRIORITY OF ACCESS**

The Westgate Vacation Care program has a limited number of places that it can register in the program. If the number of applications exceeds the number of places available, the applications will be assessed according to the Priority of Access. This is designed to provide care to those in the most need.

**ABSENCES - CANCELLATION**

Families are entitled to 42 absence days per child, per financial year, and may be entitled to additional absence days in certain circumstances (including illness of the child, a parent or sibling). In shared care arrangements, the allocation of 42 absences per financial year relates to the child, not each individual claimant. Under the Child Care Subsidy, when a child does not attend care on a day they are scheduled to attend, providers are able to claim an absence for the child up to 42 times in a financial year, so long as on the day the absence is claimed, Child Care Subsidy would have been claimed (i.e. the child would have otherwise been in care, and the family hasn't already reached their fortnightly entitlement of subsidised hours based on their activity test result). Any cancellations or illness within 2 days of your booking will be deemed an absence. A refund of the Gap Fee will be given if a doctor's certificate is provided.

**ADDITIONAL FEES**

The hours of the program are 7:30am – 6pm, any child being dropped off earlier than 7:30am or later than 6.00pm will incur a fee of \$1 per minute. A \$5 LATE FEE WILL BE CHARGED DAILY, PER EVERYDAY YOUR INVOICE IS OVER. Further action may be taken.

**LUNCH & SNACKS**

Children will be required to cover their own lunch, snacks and drinks throughout the day. Westgate Vacation Care encourages all families to provide healthy and nutritious meals. If needed, lunch orders can be placed. **Children MUST supply their own refillable drink bottle** as a drink station is set up daily, if not a \$3 fee will apply to provide your child with bottled water.

**CLOTHING**

Please dress your children in casual, comfortable clothing and **non-slip closed toed footwear**. Thongs or slip on shoes are not appropriate footwear. Please ensure all items are labelled and each child has a bag for their belongings. **Please provide an art smock for art and craft activities.**

**BEHAVIOUR**

Throughout the program there will be incidents or behavioural issues that may arise that will require the intervention of staff. Westgate have rules and expectations that will be announced daily at roll call for the benefit of the children. Westgate Vacation Care does not label the child but recognizes and focuses on the behaviours, dealing with the situation accordingly. To assist the children and staff Westgate have implemented a system that provides children with an understanding of the severity of the incident. Please refer to our Interactions with children policy for a more detailed explanation. **FOR ALL POLICIES PLEASE REFER TO THE POLICY AND PROCEDURE FOLDERS.**

**GENERAL INFORMATION****PARENTAL AGREEMENT**

- I authorise the co-ordinator/person in charge of the School Holiday Program, in the event of sudden illness, or accident, to seek emergency medical, hospital or ambulance service.
- I agree to be responsible for any medical, ambulance and/or hospital costs incurred.
- I agree to sign and note the time in the attendance register as I leave and collect my child. I will ensure that I have informed one of the staff that my child has arrived and before I leave with my child.
- I agree to notify the co-ordinator immediately if any changes occur to the information supplied on the forms.
- I agree to inform Westgate Vacation Care of any past or current medical conditions.
- Westgate Vacation Care or its employees shall not be liable for any injury, loss or damage suffered by any child participating in the School Holiday Program. I/we have read the Parent Handbook and the above conditions and understand and agree to abide by them.

Westgate Vacation Care is collecting the personal/health information requested on this form for the Holiday Program provisions requirements. The personal/health information will be used solely by Westgate Indoor Sports and the Family Assistance Office (where the parent has requested CCB or Lump Sum Payment options) for that primary purpose or directly related purpose. The information shall remain private and confidential within Westgate Indoor Sports and will only be disclosed to other persons or agencies as consented to by the authorized parent/guardian or in emergency situations. All emergency contacts listed have been notified and have given permission for their details to be provided.

Do you give permission for your child/ren to watch G or PG movies?	YES / NO
Do you give permission for your child/ren to be photographed and filmed throughout the program? (This is only to be displayed in the program area)	YES / NO
Do you give permission for your child/ren's photos to be posted on our website?	YES / NO
Do you give permission for your child to have a generic sun screen applied on outdoor excursions?	YES / NO
Sign:	Date:

## Vacation Care Booking

Week ONE	Child Name	Child Name	Child Name	Child Name	Child Name
Monday 23 <sup>rd</sup> DEC	FD HD	FD HD	FD HD	FD HD	FD HD
Tuesday 24 <sup>th</sup> DEC	FD HD	FD HD	FD HD	FD HD	FD HD

Week TWO	Child Name	Child Name	Child Name	Child Name	Child Name
Monday 6 <sup>th</sup> JAN	FD HD	FD HD	FD HD	FD HD	FD HD
Tuesday 7 <sup>th</sup> JAN	FD HD	FD HD	FD HD	FD HD	FD HD
Wednesday 8 <sup>th</sup> JAN	FD HD	FD HD	FD HD	FD HD	FD HD
Thursday 9 <sup>th</sup> JAN	FD HD	FD HD	FD HD	FD HD	FD HD
Friday 10 <sup>th</sup> JAN	FD HD	FD HD	FD HD	FD HD	FD HD

Week THREE	Child Name	Child Name	Child Name	Child Name	Child Name
Monday 13 <sup>th</sup> JAN	FD HD	FD HD	FD HD	FD HD	FD HD
Tuesday 14 <sup>th</sup> JAN	FD HD	FD HD	FD HD	FD HD	FD HD
Wednesday 15 <sup>th</sup> JAN	FD HD	FD HD	FD HD	FD HD	FD HD
Thursday 16 <sup>th</sup> JAN	FD HD	FD HD	FD HD	FD HD	FD HD
Friday 17 <sup>th</sup> JAN	FD HD	FD HD	FD HD	FD HD	FD HD

Week FOUR	Child Name	Child Name	Child Name	Child Name	Child Name
Monday 20 <sup>th</sup> JAN	FD HD	FD HD	FD HD	FD HD	FD HD
Tuesday 21 <sup>st</sup> JAN	FD HD	FD HD	FD HD	FD HD	FD HD
Wednesday 22 <sup>nd</sup> JAN	FD HD	FD HD	FD HD	FD HD	FD HD
Thursday 23 <sup>rd</sup> JAN	FD HD	FD HD	FD HD	FD HD	FD HD
Friday 24 <sup>th</sup> JAN	FD HD	FD HD	FD HD	FD HD	FD HD

Week FIVE	Child Name	Child Name	Child Name	Child Name	Child Name
Monday 27 <sup>th</sup> JAN	CLOSED	CLOSED	CLOSED	CLOSED	CLOSED
Tuesday 28 <sup>th</sup> JAN	FD HD	FD HD	FD HD	FD HD	FD HD
Wednesday 29 <sup>th</sup> JAN	FD HD	FD HD	FD HD	FD HD	FD HD

#### EXCURSION PROFORMA

Westgate Vacation Care includes excursions as a valuable part of its overall program. Excursions are an optional addition to the standard program and non-refundable. Parental permission to attend must be obtained for all excursions.

- Children's age interests and abilities will be taken into consideration when planning for excursions.
- Parents need to be aware that children need to arrive no later than 9am to the program. Buses will depart on time and children who are late will be included in the centre based program for that session and unable to attend the excursion.
- A permission slip is below for Parent/Guardians to sign
- Adequate steps will be taken when selecting transport to ensure the safety and comfort of children and staff. We employ Westrans Bus Company to transport to and from all external activities.
- Parents cannot drop off or pick up children at excursions under any circumstances.

Staff will take the following on all excursions:

- First Aid Kit
- Medication that is required on the day
- Attendance record/roll
- Emergency contact numbers of all children attending
- Mobile phones carried by all staff members
- Excursion back pack for each group
- Head counts will be made at regular intervals and when moving from one area to another
- Staff to discuss roles and expectations with children

DATE: TUESDAY 7 <sup>TH</sup> JANUARY 2020	TIME: 10AM- 11AM	COST: \$16.00
AIRODROME INCURSION: WESTGATE VACATION CARE		
TRANSPORT: N/A		
I CONSENT FOR MY CHILD/ CHILDREN TO ATTEND THE ABOVE INCURSION. PARENT NAME: PARENT SIGNITURE:		

DATE: THURSDAY 9 <sup>TH</sup> JANUARY 2020	TIME: 9AM- 12PM	COST: \$25.00
VENUE: SUN THEATRE, 8 BALLARAT ST YARRAVILLE 3013	PH: 9362 0999	
TRANSPORT: CDC BUS LINES, 28 PROSPERITY ST TRUGANINA 3029	PH: 9977 9977	
I CONSENT FOR MY CHILD/ CHILDREN TO ATTEND THE ABOVE EXCURSION. PARENT NAME: PARENT SIGNITURE:		
NOTE: POPCORN AND POP TOP INCLUDED.		

DATE: TUESDAY 14 <sup>TH</sup> JANUARY 2020	TIME: 10AM	COST: \$ 16.00
REPTILE FARM INCURSION: WESTGATE VACATION CARE		
TRANSPORT: N/A		
I CONSENT FOR MY CHILD/ CHILDREN TO ATTEND THE ABOVE INCURSION. PARENT NAME: PARENT SIGNITURE:		

DATE: THURSDAY 16 <sup>TH</sup> JANUARY 2020	TIME: 9AM- 1:30PM	COST: \$22.00
VENUE: WERRIBEE ZOO, K ROAD WERRIBEE 3030	PH: 1300 966 784	
TRANSPORT: CDC BUS LINES, 28 PROSPERITY ST TRUGANINA 3029	PH: 9977 9977	
I CONSENT FOR MY CHILD/ CHILDREN TO ATTEND THE ABOVE EXCURSION. PARENT NAME: PARENT SIGNITURE:		
NOTE: PLEASE ENSURE CHILDREN BRING A PACKED LUNCH AND WATER BOTTLE.		

DATE: TUESDAY 21 <sup>ST</sup> JANUARY 2020	TIME: 9:30AM- 11:30PM	COST: \$ 16.00
ROCK CLIMBING INCURSION: WESTGATE VACATION CARE		
TRANSPORT: N/A		
I CONSENT FOR MY CHILD/ CHILDREN TO ATTEND THE ABOVE INCURSION. PARENT NAME: PARENT SIGNITURE:		

DATE: THURSDAY 23 <sup>RD</sup> JANUARY 2020	TIME: 9AM- 12PM	COST: \$25.00
VENUE: WYNCITY ENTERTAINMENT, 36 WALLACE AVE PT COOK 3030	PH: 03 9236 8383	
TRANSPORT: CDC BUS LINES, 28 PROSPERITY ST TRUGANINA 3029	PH: 9977 9977	
I CONSENT FOR MY CHILD/ CHILDREN TO ATTEND THE ABOVE EXCURSION. PARENT NAME: PARENT SIGNITURE:		
NOTE: 1 GAME OF BOWLING, 1 GAME OF LASER TAG AND 20 MINUTES OF ARCADE GAMES INCLUDED.		