

Provider Name: Westgate Vacation Car
Provider Number: 555 008 499C

THIS FORM MUST BE RECEIVED AT LEAST 24 HOURS PRIOR TO ATTENDING
ANY CANCELLATIONS, TRANSFERS OF DAY OR REFUNDS DUE TO ILLNESS WILL
INCUR A \$5 ADMINISTRATION FEE

Westgate Indoor Sports

Cnr Grievess Pde. and Dohertys Rd. Altona North VIC 3025 Mail to: PO Box 114, Altona North VIC 3025
Phone: 9369 6888 Fax: 9931 0592 Website: www.westgateindoorsports.com Email: westgate@bigblue.net.au

Have you previously attended the Westgate Vacation Care Program? Yes No
How do you wish to receive the School Holiday Program information in the future? Email Only (please supply address below) Mail Only Both
Are you registered to claim CCB through centrelink Yes No
Which category does your family fit into WORKING PARENTS (50 Hrs approx.) RESPITE or 24 HRS APPROV

What is the highest CCB % your family has been allocated? _____%

Family Name:		Family CRN:					
Name of Child/ren	Child's C.R.N. Number	Place of Birth	School Level	Age	DOB	Sex	
1						Male <input type="checkbox"/> Female <input type="checkbox"/>	
2						Male <input type="checkbox"/> Female <input type="checkbox"/>	
3						Male <input type="checkbox"/> Female <input type="checkbox"/>	
4						Male <input type="checkbox"/> Female <input type="checkbox"/>	

Additional Children attending other services during your attendance at Westgate:

Name of Child/ren	Child's C.R.N. Number	Place of Birth	School Level	Age	DOB	Sex
1						Male <input type="checkbox"/> Female <input type="checkbox"/>
2						Male <input type="checkbox"/> Female <input type="checkbox"/>

Email: _____

Address: _____

Suburb: _____ P/Code: _____

PARENT'S Name whom the CCB is registered to: _____ DOB: DD/MM/YYYY H: _____ W: _____ M: _____

PARENT 2 Name: _____ DOB: DD/MM/YYYY H: _____ W: _____ M: _____

Language spoken at home? _____

What school does your child/ren attend? _____

How did you hear about us? Friend Local Paper School Newsletter Birthday Party Other: _____

PARENT/GUARDIAN WITH WHOM THE CHILD RESIDES

Parent 1 Name: _____ Parent 2 Name: _____
Rel. to Child: _____ Occupation: _____ Rel. to Child: _____ Occupation: _____

Who will be collecting your child each day?

Name: _____ Contact No: _____ Name: _____ Contact No: _____

KEY:			Early Bird Price Paid By 5pm, Thursday 8 th December	Standard Price Paid Friday 9 th December until prior to your first day	On the Day Price Booked and paid for the program on the day
	Full Day	FD	\$39	\$42	\$47
	Half Day	AM/PM	\$27	\$30	\$32

Please Note: Any cancellations, swapping of days, no shows or illness within 2 days of your booking will be deemed an absence. Your family is allocated 42 absences per year without a medical certificate being required.
If a doctors certificate is produced a refund of the Gap Fee is given.
Any illness refunds, swapping of days or cancellations will incur a \$5 administrative charge.

Office hours relating to the Westgate Vacation Care bookings and information are from 10:00am to 6:00pm Weekdays only.
Bookings can only be done in person, email or fax. Bookings over the phone are not accepted.
Westgate Vacation Care is a pre paid program. Payment in full is required when making bookings

Please circle the required dates as well as half or full days you require and any excursions.
FD indicates a Full Day session and **am-pm** indicated any half day 5 hours either in the morning or afternoon.

	Child 1	Child 2	Child 3	Child 4
Monday 19 December				
Tuesday 20 December				
Wednesday 21 December				
Thursday 22 December	FD-am-pm	FD-am-pm	FD-am-pm	FD-am-pm
Friday 23 December	FD-am-pm	FD-am-pm	FD-am-pm	FD-am-pm
Monday 2 January CLOSED	CLOSED	CLOSED	CLOSED	CLOSED
Tuesday 3 January	FD-am-pm	FD-am-pm	FD-am-pm	FD-am-pm
Wednesday 4 January	FD-am-pm	FD-am-pm	FD-am-pm	FD-am-pm
Thursday 5 January	FD-am-pm	FD-am-pm	FD-am-pm	FD-am-pm
Friday 6 January	FD-am-pm BV	FD-am-pm BV	FD-am-pm BV	FD-am-pm BV
Monday 9 January	FD-am-pm SC	FD-am-pm SC	FD-am-pm SC	FD-am-pm SC
Tuesday 10 January	FD-am-pm	FD-am-pm	FD-am-pm	FD-am-pm
Wednesday 11 January	FD-am-pm	FD-am-pm	FD-am-pm	FD-am-pm
Thursday 12 January	FD-am-pm	FD-am-pm	FD-am-pm	FD-am-pm
Friday 13 January	FD-am-pm MG	FD-am-pm MG	FD-am-pm MG	FD-am-pm MG
Monday 16 January	FD-am-pm MS	FD-am-pm MS	FD-am-pm MS	FD-am-pm MS
Tuesday 17 January	FD-am-pm	FD-am-pm	FD-am-pm	FD-am-pm
Wednesday 18 January	FD-am-pm M	FD-am-pm M	FD-am-pm M	FD-am-pm M
Thursday 19 January	FD-am-pm	FD-am-pm	FD-am-pm	FD-am-pm
Friday 20 January	FD-am-pm	FD-am-pm	FD-am-pm	FD-am-pm
Monday 23 January	FD-am-pm RC	FD-am-pm RC	FD-am-pm RC	FD-am-pm RC
Tuesday 24 January	FD-am-pm	FD-am-pm	FD-am-pm	FD-am-pm
Wednesday 25 January	FD-am-pm FC	FD-am-pm FC	FD-am-pm FC	FD-am-pm FC
Thursday 26 January CLOSED	CLOSED	CLOSED	CLOSED	CLOSED
Friday 27 January	FD-am-pm	FD-am-pm	FD-am-pm	FD-am-pm
Monday 30 January	FD-am-pm FG	FD-am-pm FG	FD-am-pm FG	FD-am-pm FG
Tuesday 31 January	FD-am-pm	FD-am-pm	FD-am-pm	FD-am-pm
Wednesday 1 February	FD-am-pm	FD-am-pm	FD-am-pm	FD-am-pm

Beach Volleyball(VB) \$7.50 Slot Cars(SC) \$8.00 Magic Show(MS) \$10.00 Movies(M) \$20.00
 Mini Golf(MG) \$18.00 Rockclimbing \$15.00 Fun City(FC) \$25.00 Fantastic Gymnastics \$5.00

METHOD OF PAYMENT

Credit Card (\$2 Surcharge) Eftpos (\$1 Surcharge) Cheque Money Order Cash
Cheques made payable to **Westgate Indoor Sports**, please print your name and address on the back.

CREDIT CARD PAYMENT

Card Holders Name	Expiry	/	Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>
Card Number	Security Code: (last 3 digits printed on back of card)		
Amount \$	Signature		

BOOKINGS AND PAYMENTS

Payment is required with your booking to ensure your child's place on the program is confirmed. Children will not be booked in if payment is not received at that time. Any families with outstanding accounts will not be accepted in the program until payment is made. Each program a new Application Form must be completed. Application Forms for new clients must be received 24 hours prior to attendance.

CHILD CARE BENEFIT – CCMS SYSTEM

The new system will require enrolment records to be created for all children attending a child care service when that service changes over to the CCMS. To ensure that the new enrolment records can be matched and verified against the entitlement information held by the FAO, parents/guardians will need to provide their child care service with their own child's and their own dates of birth. Under CCMS, families need to manage their eligible hours themselves. This means working with your service/s to ensure that you pass on accurate information about the number of hours care you are claiming.

Child Care Benefit is a financial assistance scheme for child care that is sponsored by the Department of Family & Community Services. All families are eligible for financial assistance. More information on the CCMS is available on the Department of Education, Employment and Workplace Relations (DEEWR) website at www.deewr.gov.au.

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. Please refer to the Parent Handbook for a more detailed outline of the Priority of Access.

ABSENCES - CANCELLATIONS

Each child will have access to CCB for up to 42 days of absences per financial year without the need to provide any supporting documentation for all Child Care facilities. Further absences will only be paid in specific circumstances, and if necessary, where evidence is supplied to the service by the parent/guardian. Cumulative absence totals will be available to families on the centrelink website. 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 doctors certificate is produced. Any illnesses, swapping of days or cancellations will incur a \$5 administrative charge.

ADDITIONAL FEES

The hours of the program are 8am – 6pm, any child being dropped off earlier than 8.00am or later than 6.00pm will incur a fee of \$1 per minute.

LUNCH & SNACKS

Children will be required to cover their own lunch, snacks and drinks for morning & afternoon tea. Westgate Vacation Care encourages all families to provide healthy and nutritious meals. If needed, lunch orders can be placed with our kiosk (pre-paid before 10.00am). The only way in which to purchase food from the kiosk is by order. Please supply your child with a **drink bottle** and sufficient drinks for the whole day. **Children MUST supply their own refillable drink bottle.** A drink station is set up daily.

CLOTHING

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

BEHAVIOUR

Your child is expected to participate in the program provided. Children are given administration strikes for unacceptable behavior. Behaviour that threatens the safety of other children, the staff and the child, any bullying, being disruptive, rude and disrespectful, the child will all be counseled and may lead to an administration strike being given. Please refer to our behaviour policy in the Parent Handbook. If a child is given 3 Red Cards access may be denied to the program and future programs.

FOR ALL POLICIES PLEASE REFER TO THE PARENT HANDBOOK or POLICY HANDBOOK

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.

Parent/Guardian Signature

Date:

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

ARE THERE ANY ACCESS ARRANGEMENTS OR COURT ORDERS RELATING TO THE CUSTODY OF YOUR CHILDREN?

YES NO Please describe arrangements:

Please Note: If there is a custody issue, a copy of the order will be required and Photo I.D. will be asked for.

EMERGENCY CONTACTS

- ◆ 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
- ◆ Authorisation to 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.

This section is not for parent's details, please provide additional contact numbers in the event that we cannot contact you.

Name:

Name:

Phone Numbers:

Phone Numbers:

H

H

W

W

M

M

Family Friend Uncle Grandparent Aunt Other

Family Friend Uncle Grandparent Aunt Other

MEDICAL DETAILS

CHILDS DOCTOR/MEDICAL SERVICE

Doctors Name: _____

Medical Centre: _____

Address: _____

Phone Number: _____

Please complete for each child

	Name _____	Name _____	Name _____	Name _____
Are there any past illnesses, infectious diseases, medical conditions that we would require knowledge of? Please list	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child require any medication on a regular basis? If so, please give details and fill in a separate form. Please also list	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child currently immunised?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your child been diagnosed with a disability? Please supply information. (If so, a child profile will be required to be filled out)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child diagnosed with ADHD? (if so, please fill out a management plan)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your child diagnosed with ADD? (if so, please fill out a management plan)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child suffer from any allergies? Please complete section below (if so, please fill out a management plan)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child suffer from epilepsy? (if so, please fill out action plan/information sheet)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child suffer from asthma? (if so, please supply asthma action plan)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have Private Health Cover?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have Ambulance Cover?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

MEDICATIONS DETAILS:

Child Name _____ Medication Name 1 _____ Dosage _____ Time to be Given _____ am/pm
 Child Name _____ Medication Name 2 _____ Dosage _____ Time to be Given _____ am/pm

ALLERGY DETAILS

Allergic to: 1. _____ 2. _____ 3. _____ 4. _____ Mild/Moderate/Anaphylactic (Please circle)

If severe, a Anaphylactic plan must be supplied with an up to date photo attached. An EpiPen (within date) must be signed in for each attendance day. Children are unable to attend without these measures in place.

NOTES:

EXCURSION PROFORMA

Westgate Vacation Care includes excursions as a valuable part of its overall program. Excursions are an optional addition to the standard program. 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 at least 15 minutes before departure time noted on 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

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.

January 2012 INCURSIONS

FRIDAY 6th January Beach Volleyball \$7.50

Held Internally inside the same building located in a different section.

Start - 9.30am Finish – 10.45am

Ratio of staff 1:12

I ___ (Print Name) ___ authorize Child 1: _____ Child 2: _____ Child 3: _____

to attend the Beach Volleyball session on Friday 6th January 2012

MONDAY 9th January Slot Car Races \$8.00

Held internally in our functions room or on one of the courts

Start - 9.30am Finish – 10.45am

Ratio of staff 1:8

I ___ (Print Name) ___ authorize Child 1: _____ Child 2: _____ Child 3: _____

to attend the Slot Car Races session on Monday 9th January 2012

MONDAY 16th January Magic Show \$10.00

Held internally in our functions room or on one of the courts

Start - 9.30am Finish – 10.45am

Ratio of staff 1:15

I ___ (Print Name) ___ authorize Child 1: _____ Child 2: _____ Child 3: _____

to attend the Magic Show session on Monday 16th January 2012

MONDAY 23rd January ROCKCLIMBING \$15.00

Held internally at Westgate Indoor Sports.

Session 1, begins 9:30am finishes at 11:00am

Session 2, begins 11:00am finishes at 12:30pm

Depart: 9.30am Return: 1:30pm

Ratio of Staff 1:8

I ___ (Print Name) ___ authorize Child 1: _____ Child 2: _____ Child 3: _____

to attend the Rockclimbing session on Monday 23rd January 2012.

MONDAY 30th January Fantastic Gymnastics \$5.00

Held internally on one of the courts.

Start - 9.30am Finish – 10.45am

Ratio of staff 1:15

I ___ (Print Name) ___ authorize Child 1: _____ Child 2: _____ Child 3: _____

to attend the Fantastic Gymnastics session on Monday 30th January 2012

Westgate Vacation Care takes the utmost care and responsibility for all children attending excursions. Westgate Vacation Care and its employees shall not be liable for any injury, loss or damage suffered by any child participating in the School Holiday Program.

I ___ PRINT NAME ___ understand and authorise my child to attend the above selected excursion/s.

PARENT SIGNATURE _____

