

# VACATION CARE BOOKING FORM

April 2021

**Please note:** This form must be completed by a parent or guardian who has parental responsibility in relation to the child.  
Please notify the Warrnambool OSHC Service of any changes to booked childcare arrangements.  
Thank you for your cooperation.

## Child Details

Child full name: \_\_\_\_\_ Child C.R.N. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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Child full name: \_\_\_\_\_ Child C.R.N. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please supply your \*Family CRN number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Parent/Guardian Consent

Parent/guardian name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Address: \_\_\_\_\_

Fees, less applicable subsidy will be estimated at time of booking. Bookings will not be accepted until fee estimate has been paid. In the event of *cancellation* of a Vacation Care booking, credit for cancelled days is only available if the position/s can be filled from the waiting list. This applies for a period of 2 weeks from the cancellation date. Credit for absence due to *illness* is only available on presentation of a medical certificate.

### Child Care Subsidy enrolment confirmations

Government regulation requires that parents/guardians approve their Vacation Care enrolment on myGov EVERY school holidays. Once you have submitted your booking form to the service and it has been approved, we advise that you *check your myGov account until your enrolment appears. FULL fees will apply to any unconfirmed enrolments.*

### When Child Care Subsidy will NOT be paid

CCS will not be paid for any booked days when your child *hasn't yet physically attended the service for the first time* for the current enrolment period. CCS will not be paid for any days after your child's last physical attendance. You will need to pay full fees for any booked absence days *after the last day your child physically attends the service.*

### Declaration

I agree to pay all accounts with Warrnambool City Council's Outside School Hours Care Services by the due date. In the event that I default in making payments and recovery action is undertaken, I will be responsible for all expenses in relation to the collection of the outstanding amount including, but not limited to, all charges and fees, legal costs on an indemnity basis, and disbursements.

I have read all of the information provided by the OSHC Service in relation to the Vacation Care Program, including the conditions on this form.

I give permission for my child/ren \_\_\_\_\_ (full name/s) to attend any excursions and/or Vacation Care days as accepted by the OSHC Service.

Parent/Guardian: \_\_\_\_\_ (signature) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (date)

A Risk Management Assessment is available for all parents on enrolment.

**Persons to be notified in the event of an emergency** (other than parent/guardian)

Name: \_\_\_\_\_

Contact number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**Specific Health Care Needs**

Has your child been diagnosed with any of the following?

Asthma and/or Anaphylaxis  Yes  No If yes, up to date plan is required

Other allergy  Yes  No Please specify \_\_\_\_\_

Additional needs  Yes  No

Other (please provide detail) \_\_\_\_\_

**Child Care Booking**

Please tick which days you wish your child/ren to attend. Note: Days marked with \*\* are optional dress up days

**WEEK 1**

Child name	Mon 5 <sup>th</sup> April	Tues 6 <sup>th</sup> April	Wed 7 <sup>th</sup> April	Thurs 8 <sup>th</sup> April	Fri 9 <sup>th</sup> April
	Program Closed Easter Monday				

**WEEK 2**

**ANIMAL ENCOUNTER**

Child name	Mon 12 <sup>th</sup> April	Tue 13 <sup>th</sup> April	Wed 14 <sup>th</sup> April	Thurs 15 <sup>th</sup> April (\$15 incursion fee)	Fri 16 <sup>th</sup> April

**OFFICE USE ONLY**

A. TOTAL FEES (\$83.00 PER SESSION)	B. CCS ENTITLEMENT	C. EXCURSION COSTS (Additional & non subsidised)	A - B + C = AMOUNT DUE	DATE PAID	STAFF INITIAL
\$	\$	\$	\$	/ /	

Bookings are accepted at Warrnambool Stadium, or emailed to [oshc@warrnambool.vic.gov.au](mailto:oshc@warrnambool.vic.gov.au)