

VACATION CARE BOOKING FORM

September/October 2020

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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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 21 st September	Tues 22 nd September	Wed 23 rd September	Thurs 24 th September	Fri 25 th September **

WEEK 2

Child name	Mon 28 th September **	Tue 29 th September	Wed 30 th September	Thurs 1 st October **	Fri 2 nd October

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