

VACATION CARE BOOKING FORM

April 2025

Please note: This form must be completed by a parent /guardian who has parental responsibility in relation to the child.

Child Details

Name: _____ D.O.B _____ / _____ / _____ C.R.N _____ / _____ / _____ / _____

Name: _____ D.O.B _____ / _____ / _____ C.R.N _____ / _____ / _____ / _____

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Name: _____ D.O.B _____ / _____ / _____ C.R.N _____ / _____ / _____ / _____

Please supply the Parent/Guardian CRN *linked to Child Care Subsidy* _____ / _____ / _____ / _____

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. *FULL fees will apply to any unconfirmed or inactive 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* (during the current CCS enrolment period)

CCS will not be paid for any days *after your child's last physical attendance* (during the current CCS enrolment period)

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) _____

Vacation Care Booking

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

WEEK 1 – APRIL 2025

MOVIES

Child name	Mon 7 th April	Tues 8 th April **	Wed 9 th April	Thurs 10 th April \$15 excursion fee	Fri 11 th April

WEEK 2 – APRIL 2025

Child name	Mon 14 th April	Tue 15 th April	Wed 16 th April **	Thurs 17 th April	Fri 18 th April
					GOOD FRIDAY PROGRAM CLOSED

Bookings are accepted at Warrnambool Stadium, or emailed to oshc@warrnambool.vic.gov.au

OFFICE USE ONLY

BOOKING ENTERED	ENROLMENT CHECKED	SUBSIDY APPLIED	INVOICE GENERATED & EMAILED	STAFF INITIAL
/ /	Confirmed <input type="checkbox"/> Pending Conf. <input type="checkbox"/> Pending Eligibility <input type="checkbox"/> Received <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Notes _____ _____	Yes <input type="checkbox"/> No <input type="checkbox"/> / /	

