VACATION CARE BOOKING FORM

September/October 2026

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** __ __ __ / __ __ __ / __ __ __ / __

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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 childs 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**	
Photograph (Centre use only)	☐ **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 – SEPTEMBER 2026

Child name	Mon 21st Sept	Tues 22nd Sept	Wed 23rd Sept	Thurs 24th Sept	Fri 25th Sept
					AFL Public Holiday PROGRAM CLOSED

WEEK 2 – SEPT/OCT 2026

Child name	Mon 28th Sept	Tue 29th Sept	Wed 30th Sept	Thurs 1st Oct	Fri 2nd Oct

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