

SPRING VACATION CARE 2017



Spring Vacation Care 2017 will be offered during the following periods.

Monday 25th September - Friday 6th October (excluding weekends and public holidays)
Vacation Care is available for all families during school holidays at our John Palmer and Riverbank centres.
Further information can be obtained on our website www.nwcm.com.au

FORM DUE BACK BY Friday 15th September

Please note it is essential that forms are returned by the due date to book in your child/children. Bookings requested after this date will only be accepted at managements discretion and will incur a \$10 admin fee per child.

WALK IN'S WILL NOT BE ACCEPTED

Parents CANNOT arrive at centre and request immediate care for their child. All bookings must be arranged and confirmed through Admin. This is due to safety requirements and staffing ratios set out by relevant legislations. In situations that children arrive without bookings we will unfortunately have to refuse care.

Priority of Access

PLEASE NOTE: Priority is given to children who attend the school where the centre is located.

To make a booking

Please return the completed registration pack along with any medical management plans, additional information required and ACIR statement to:

admin@northwestcommunitychildcare.com.au

OR

16/15 Valediction Rd, Kings Park NSW 2148

OR

Drop it to the Team Leader at the centre

NWCC @ Riverbank Public School

25 Wentworth Ave, The
Ponds

NWCC @ John Palmer Public School

85 The Ponds Blvd, The
Ponds

Hours

Vacation Care: Open from 7:00am till 6:00pm

Pricing

First Child: \$52 Per Day

Additional Child \$48 Per Day

Enrollments or changes made after 23/06/2017 will incur a \$10 fee per child.

Themes and Additional Costs

John Palmer/Riverbank

Monday 25th September - Mad Scientist Day **\$15**

Tuesday 26th September - Zumba Dance Day **\$9**

Wednesday 27th September - Electronics Day

Thursday 28th September - Crazy Kids Day

Friday 29th September - Teddy Bears Picnic

Monday 2nd October - **CLOSED PUBLIC HOLIDAY**

Tuesday 3rd October - Minute to Win It **\$15**

Wednesday 4th October - Plaster Painting

Thursday 5th October - Spring in your Step

Friday 6th October - World of Giants **\$12.50**

BREAKFAST PROVIDED UNTIL 8AM

LUNCH PROVIDED

What to Bring

- Morning Tea and Afternoon Tea - **NO NUTS ALLOWED**

- Hat

- Children must wear top/shirt with sleeves (no singlets)

- Sensible shoes (Not thongs or heels)

- **Please leave valuables and electronic devices at home.**

(exceptions made on electronics day 27/09/17)

Pick Up / Drop Off

Please ensure all persons collecting and dropping of your child bring photo Identification. NWCC will only release children to parents and authorised collectors stated on the form.

Specific Needs

NWCC will endeavour to meet all families special requests. Please bring these needs to the attention of NWCC when booking and we will assess our ability to meet those needs.

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SPRING VACATION FORM 2017

CHILD DETAILS

Child Given Name

Child Surname

Gender

 Female Male

Date of Birth

Country of Birth

Religious Beliefs or Considerations

Languages Spoken At Home

Is your child Aboriginal or Torres Strait Islander

 Yes No

School

School Year in 2017

 Yes No

DIETARY DETAILS

Does your child have any dietary restrictions? (If yes, please complete and specify below)

Excluded Dietary Items:

(please select foods that can not be eaten)

 Beef Chicken Cheese Gelatin Pork Seafood Egg Onion/Garlic

Halal Options Allowed:

(please select halal food that can be eaten)

 Beef Chicken

Food Intolerances (please specify)

Other (please specify)

MEDICAL DETAILS

Child's Doctor's Name

Doctor's Phone Number

Doctor Service Address

Child's Medicare Number

(Please include individual reference number as final digit)

Does your child have any allergies?

 Yes No

If yes, please explain,

Does Your child have any medical conditions? (Asthma, Diabetes ect.)

 Yes No

If yes, please explain,

Does your child suffer from anaphylaxis?

 Yes No

If yes, please explain,

Does your child have a diagnosed disability or special need?

 Yes No

If yes, please explain,

If you have answered yes to any of the above medical questions, you must attach an action or management plan for enrollment to be accepted.

Does your child require regular medication?

 Yes No

If yes, please discuss with staff and complete medication form.

Does your child have any behavioral or developmental considerations?

 Yes No

If yes, please explain

Is your child Immunised?

 Yes No

If yes, please attach a copy of your child's immunisation record.

previously provided (please tick)

You can retrieve a copy of your child's immunisation record print out from the national immunisation register or Medicare.

Please Note: if an outbreak of a vaccine preventable illness occurs and your child has not received medical immunisation, your child will not be able to attend the centre during this time.

Is there anything else our staff needs to know about your child? (Eg. Cultural or Religious request, interests, dislikes, fears ect.)

Please tick if an additional child/sibling page is attached.

SPRING VACATION FORM 2017

CHILD DETAILS

Child Given Name <input type="text"/>	Child Surname <input type="text"/>	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Date of Birth <input type="text"/>	Country of Birth <input type="text"/>	Religious Beliefs or Considerations <input type="text"/>
Languages Spoken At Home <input type="text"/>	Is your child Aboriginal or Torres Strait Islander <input type="checkbox"/> Yes <input type="checkbox"/> No	School <input type="text"/>
		School Year in 2017 <input type="text"/>

DIETARY DETAILS

Does your child have any dietary restrictions? (If yes, please complete and specify below)

Excluded Dietary Items: (please select foods that can not be eaten)	<input type="checkbox"/> Beef	<input type="checkbox"/> Chicken	<input type="checkbox"/> Cheese	<input type="checkbox"/> Gelatin	Halal Options Allowed: (please select halal food that can be eaten)	<input type="checkbox"/> Beef	<input type="checkbox"/> Chicken	
	<input type="checkbox"/> Pork	<input type="checkbox"/> Seafood	<input type="checkbox"/> Egg	<input type="checkbox"/> Onion/Garlic				
Food Intolerances (please specify)	<input type="text"/>						Other (please specify)	<input type="text"/>

MEDICAL DETAILS

Child's Doctor's Name <input type="text"/>	Doctor's Phone Number <input type="text"/>
Doctor Service Address <input type="text"/>	

Child's Medicare Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(Please include individual reference number as final digit)
Does your child have any allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please explain, <input type="text"/>									
Does Your child have any medical conditions? (Asthma, Diabetes ect.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please explain, <input type="text"/>									
Does your child suffer from anaphylaxis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please explain, <input type="text"/>									
Does your child have a diagnosed disability or special need?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please explain, <input type="text"/>									

If you have answered yes to any of the above medical questions, you must attach an action or management plan for enrollment to be accepted.

Does your child require regular medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please discuss with staff and complete medication form.									
Does your child have any behavioral or developmental considerations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please explain <input type="text"/>									
Is your child Immunised?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please attach a copy of your child's immunisation record.									
			<input type="checkbox"/> previously provided (please tick)									

You can retrieve a copy of your child's immunisation record print out from the national immunisation register or Medicare.
Please Note: if an outbreak of a vaccine preventable illness occurs and your child has not received medical immunisation, your child will not be able to attend the centre during this time.

Is there anything else our staff needs to know about your child? (Eg. Cultural or Religious request, interests, dislikes, fears ect.)

Please tick if an additional child/sibling page is attached.

SPRING VACATION CARE 2017

PARENT/GUARDIAN #1 GUARDIAN DETAILS

Given Name	Surname	Relationship to Child/ren
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Email Address	
<input type="text"/>	<input type="text"/>	
Phone (H)	Phone (Mobile)	Phone (Work)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		
Employment	<i>If answered other, please specify</i>	
<input type="checkbox"/> Employed <input type="checkbox"/> Looking for Work	<input type="checkbox"/> Training/Studying <input type="checkbox"/> Other?	
Workplace (please specify)	Does your child/ren live with parent/guardian #1?	
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shared Care	

PARENT/GUARDIAN #2 GUARDIAN DETAILS

Given Name	Surname	Relationship to Child/ren
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Email Address	
<input type="text"/>	<input type="text"/>	
Phone (H)	Phone (Mobile)	Phone (Work)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		
Employment	<i>If answered other, please specify</i>	
<input type="checkbox"/> Employed <input type="checkbox"/> Looking for Work	<input type="checkbox"/> Training/Studying <input type="checkbox"/> Other?	
Workplace (please specify)	Does your child/ren live with parent/guardian #2?	
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shared Care	

PEOPLE AUTHORISED TO COLLECT CHILD/REN OTHER THAN PARENT Authorized person, must be over the age of 18.

Given Name	Surname	Date of Birth	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		Relationship to Child	Authorised Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No Authorised Medical Consent <input type="checkbox"/> Yes <input type="checkbox"/> No Authorised to authorise an educator to take child outside service <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Given Name	Surname	Date of Birth	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		Relationship to Child	Authorised Emergency Contact <input type="checkbox"/> Yes <input type="checkbox"/> No Authorised Medical Consent <input type="checkbox"/> Yes <input type="checkbox"/> No Authorised to authorise an educator to take child outside service <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

This list may be added or changed throughout the year. Your child will not be allowed to leave with any person not on this list. These people may be required to produce photo identification.

COURT ORDERS RELATING TO YOUR CHILD

Are there any court orders, parenting plans relating to the powers, duties and responsibilities or authorities of any person in relation to the child or access to the child ?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are there any other court orders relating to the child's residence or the child's contact with a parent or other person?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If you have answered yes to one of the above questions, please attach a copy of all relevant documentation/court orders. Without, copies or documentation staff and carers of NWCC cannot enforce parents' requests.

SPRING VACATION CARE 2017

GENERAL CONSENT

- I give permission for staff to apply sunscreen, before sun exposure. Yes No
- I give permission for my child to watch PG rated movies and play PG rated games. Yes No
- I give permission for my child to be photographed and filmed, and used for child portfolio's, documentation and centre newsletters and be sent to other families via email and hard copy. Yes No
- I understand the policy documents are available to read at each centre Yes No
- I have read the centre's guidelines in the parent handbook and agree to abide by them. Yes No
- I agree to notify the centre if my child is absent from enrolled care. Yes No
- I understand that if the centre has no available vacancies, I may be asked to vacate my position to enable a higher priority person to access the centre. I understand that under these circumstances, I must be given 2 (two) weeks notice. Yes No
- I agree to have my child signed in and out on the appropriate documentation on arrival and departure each day they attend the centre Yes No
- I am aware that volunteers may attend the centre to assist within the centre. I understand that these people will have appropriate checks and authority to work with children. Yes No

MEDICAL CONSENT

- I give permission for staff to administer age/weight appropriate dose of paracetamol, to my child in the presence of a fever, while awaiting my arrival to collect. Yes No
- I give permission for staff to apply first aid treatment to my child. Yes No
- I give permission for staff to seek emergency medical and/or dental treatment from a registered medical practitioner, hospital or ambulance services (including transport for my child and agree to pay the cost. NWCC is not held responsible for any costs incurred.) Yes No
- I agree to collect, or make arrangement for the collection of, my child if they become unwell/injured when at the centre. Yes No
- I agree to notify the centre in the event of my child having an infectious illness. Yes No
- I agree to notify the centre of any changes to the contact information or emergency contacts to ensure my child's record remains up to date. Yes No
- I accept that the centre has a duty of care, in the event of attending the centre under the influence of alcohol or drugs an alternate person is required to collect and/or transport my child/ren. Yes No
- I have attached the relevant and required medical management plans and or immunisation records. Yes No

FEES AND CHARGES

- I understand I must contact Centrelink to ensure I am registered for childcare benefit (CCB) and Childcare rebate (CCR) Yes No
- I understand I must pay my part of the fee to be entitled to Childcare Benefit (CCB) and Childcare Rebate (CCR) Yes No
- I understand that if I am late to pick up my child at closing time, I will incur a fee of \$10 for the first 1 minute and \$1 per minute hereafter. Yes No

CONSENT

I declare that I have read, accept and understand all information within the NWCC Parent Handbook. I declare all information I have provided is accurate and current and will notify NWCC of any changes. I agree to pay all fees and charges incurred. I acknowledge that NWCC may obtain and exchange information with relevant parties in relation to child protection. I recognise that programs may change from what is published and I accept that NWCC will not be held liable for any loss, or damage of property or injury caused whatsoever that occurs whilst my child/ren are in attendance at NWCC.

Parent/Guardian Signature

Parent/Guardian Name

Date

Coordinators Signature

Coordinators Name

Date

BOOKING LOCATION INFORMATION (please indicate your location)

Please indicate below which Vacation Care Centre your child/ren will be attending. Please note that only once centre can be chosen for the duration of Vacation Care

- Northwest Community Childcare @ Riverbank 25 Wentworth Ave, The Ponds
- Northwest Community Childcare @ John Palmer 85 The Ponds Boulevard, The Ponds

REQUIRED DAYS (please tick)

	Monday 25th Sept	Tuesday 26th Sept	Wednesday 27th Sept	Thursday 28th Sept	Friday 29th Sept
Child's Name <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's Name <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CLOSED	Tuesday 3rd Oct	Wednesday 4th Oct	Thursday 5th Oct	Friday 6th October
Child's Name <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child's Name <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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SPRING VACATION CARE 2017

ACCOUNT PAYMENT METHOD

Please indicate below your account payment method.

Credit Card (Mastercard or Visa Only)

Direct Deposit

If selected, please complete credit card payment authority below.

Account Details: BSB:012 097
Account Number: 250823253
(please include surname in transfer reference)

Name on Card

Card Type (Please Tick)

Mastercard

Visa

Card Number

Expiry Date

/

Deduct amount as per my statement

Yes

No

OR

Payment Amount

Signature

CHILDCARE BENEFIT INFORMATION

Please ensure you complete the below fields. This will enable your correct entitlements to be reflected on your statement

Have you applied for the Childcare Benefit (CCB)?

Yes

No

Are you eligible for Childcare Rebate (CCR)?

Yes

No

If yes, is your CCR being paid directly to the centre?

Yes

No

Does your child/ren attend another childcare service?

Yes

No

CRN NUMBERS

Please note that all CRN numbers are different. Family CRN and Child CRN numbers should not be the same.

Child One Name

Child One DOB

Child One CRN Number

(9 digits)

(Single Letter)

Child Two Name

Child Two DOB

Child Two CRN Number

(9 digits)

(Single Letter)

Parent Name (name of parent associated with family CRN number)

Parent DOB

Family CRN Number

(9 digits)

(Single Letter)