

MAROONDAH VACATION CARE PROGRAM

Booking Form: Monday 2nd April – Friday 13th April 2012



Child's/Children's Surname: _____ Family Surname: _____

Address: _____ Post Code _____

Email Address: _____

1st Child _____ Name _____ Age _____ Grade _____ 2nd Child _____ Name _____ Age _____ Grade _____
 3rd Child _____ Name _____ Age _____ Grade _____ 4th Child _____ Name _____ Age _____ Grade _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

- Can your child/children watch a PG film these holidays? Yes No
- Do you have any other children attending another approved long day care centre or family day care scheme during the holidays? Yes No
- If yes, how many: _____
- Has your child completed the "U R in the spotlight" form? Yes No

★ If ANY personal details have changed since January 2012 please complete a new enrolment form.

REASON FOR CARE Children at risk Work related P/T or F/T Respite Care for Parent with a Disability
 Study Recreation Respite Care for Child with a Disability

CROYDON LEISURE CENTRE, CROYDON

Please circle the days you require

	Mon 2 nd	Tue 3 rd	Wed 4 th	Thur 5 th	Fri 6 th	Mon 9 th	Tue 10 th	Wed 11 th	Thur 12 th	Fri 13 th
1 child	42.00	52.00	52.00	42.00	Centre Closed	Centre Closed	52.00	42.00	42.00	52.00
2 chn	84.00	104.00	104.00	84.00			104.00	84.00	84.00	104.00
3 chn	126.00	156.00	156.00	126.00			156.00	126.00	126.00	156.00
4 chn	168.00	208.00	208.00	168.00			208.00	168.00	168.00	208.00

BELMONT PARK, SOUTH CROYDON

Please circle the days you require

	Mon 2 nd	Tue 3 rd	Wed 4 th	Thur 5 th	Fri 6 th	Mon 9 th	Tue 10 th	Wed 11 th	Thur 12 th	Fri 13 th
1 child	42.00	42.00	52.00	52.00	Centre Closed	Centre Closed	42.00	42.00	52.00	52.00
2 chn	84.00	84.00	104.00	104.00			84.00	84.00	104.00	104.00
3 chn	126.00	126.00	156.00	156.00			126.00	126.00	156.00	156.00
4 chn	168.00	168.00	208.00	208.00			168.00	168.00	208.00	208.00

PARENT/GUARDIAN DECLARATION

I, _____ (print full name) a person with lawful authority of the child/children referred to in this enrolment form:

- Declare that the information in this enrolment form is true and correct and undertake to immediately inform the children's service in the event of any change to this information;
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell at the service;
- Consent to staff of the children's service seeking, or where appropriate, administering, such emergency medical treatment as is reasonably necessary and that I will reimburse any necessary expenses incurred by the children's service;
- I acknowledge that I have read the planned program and give permission for my child/children to participate in the planned activities and excursions on the days that my child/children are enrolled above.
- I authorise an Inclusion Support Facilitator to contact me to organise a meeting if my child needs additional support within the program.

Signature _____

Date _____

PARENT/GUARDIAN STATEMENT

In case of illness or accident, I authorise program staff to seek medical or other attention as required for my child, at my expense. I understand that although care and supervision are provided, Maroondah City Council and its servants and agents cannot accept responsibility for any injury, death or losses, which may occur during the program. I hereby agree to release, discharge and hold Maroondah City Council harmless for any accidents, harm and or loss that my enrolled participant may suffer as a result of participating in the program. In addition, I hereby agree to indemnify the Maroondah City Council and its servants and agents for any losses, demands, damages, expenses, claims, actions and suits arising out of or in any way connected to the program. I have completed this form to the best of my knowledge, have read through the itinerary for the program and consent to my enrolled participant being involved. I believe my enrolled participant is competent to participate in these activities without risk to him/herself or others.

Signature _____ Date _____
Parent/Guardian PTO

Maroondah Vacation Care Short Excursion Permission Form

Dear Parents,

Children who are attending Croydon Leisure Centre we will be able to take part in supervised walks around the Croydon area.

This may include short trips to playgrounds, shops, library, occasional care room and EV's youth centre. This adds another aspect to our program and allows us to be an integral part of the community.

I _____ give permission for my child/ren _____
to participate in small walking excursions in the local area during the school holidays.

Parents Signature: _____

Date: _____

Child Care Management System

Parent Claiming CCB Name: _____

*Parent Clamming (CCB) Date of Birth: _____

*Customer Reference Number (CRN): _____

*Child's Name: _____ *CRN: _____ *Date of Birth: _____

*Child's Name: _____ *CRN: _____ *Date of Birth: _____

*Child's Name: _____ *CRN: _____ *Date of Birth: _____

*Child's Name: _____ *CRN: _____ *Date of Birth: _____

*This Information MUST be provided to enable processing of Child Care Benefit and Child Care Tax Rebate Claims.