

Location: School Hall
Carlton South Primary School
Ecole street Carlton

Centre Hours: 7am – 6pm on Monday – Friday,
Except on Public Holidays

Bookings:

**Vacation Care forms are due back by
Friday 19th March**

All bookings are accepted on a first come first served basis.

Fees:

\$35.50 per day An invoice will be mailed to you,
Fees are due by the Friday 2nd April 2010

**All unpaid fees will forfeit your child's position
at Vacation Care**

All sections of the enrolment form MUST BE COMPLETED.
Any incomplete forms will be returned to parents for completion before
your child/ren's enrolment is accepted.

Excursions: Please be at the centre **by 8:45am** on all excursion
days, this ensures that your child does not miss the
excursion. Excursions return approximately 4pm.

**All excursion costs must be paid in cash
On day of excursion.**

For all enquiries please contact:
Paul Lee
Assistant Manager, Children's Services
9546 4811 (option 2)
PO BOX 466
South Hurstville 2221
Fax: 9546 1877

Week 1	Excursion	In House
Monday 5th April	Public Holiday (Centre closed)	
Tuesday 6th April	KINDI FARM \$12 CUTE LITTLE ANIMALS COME TO US!	
Wednesday 7th April	Blast 4 Kids \$16 (20 children) Five Dock	PAINT & MURAL/PARK
Thursday 8 th April	Blast 4 Kids \$16 (20 children) Five Dock	JUNK ART/PARK
Friday 9 th April	Play Dough Fun!!!	

Week 2	Excursion	In Centre
Monday 12 th April	Movies \$10 Beverly Hills	
Tuesday 13 th April	EASTER BOXES AND EGG HUNT \$5	
Wednesday 14 th April	Make your own library bag \$5	
Thursday 15 th April	Ferry Ride Bundeena \$7	
Friday 16 th April	Sports and games fun!	

Week 3	Excursions	In Centres
Monday 19 th April Pupil free day	PIZZA DAY!	

Parent / Guardian Details

	Parent / Guardian 1	Parent / Guardian 2
Relationship to child Please specify:	Mother/ Father / Other	Mother/ Father / Other
Name		
Date of Birth		
Home Street Address		
Suburb & Postcode		
Home Phone		
Mobile Number		
Email Address		
Country of birth		
Are you of Aboriginal or Torre strait Island Background?	Yes / No	Yes / No
Place of Work		
Work Phone No.		
Work status (Please circle)	Fulltime employment Part time employment Studying / Seeking employment	Fulltime employment Part time employment Studying / Seeking employment
Parent/Guardian who receives Child Care Benefit	Yes / No	Yes / No
Parent CRN (customer reference number from Family Assistance Office)		
Parent/Guardian responsible for paying fees	Yes / No	Yes / No
Parent/ Guardian child/ren live with?	Yes / No	Yes / No

Child/ren's Details

Child 1

CRN- Customer Reference Number from Family Assistance Office

Surname		
First name		Known as:
Date of birth		Male / Female
Child's CRN		
Country of Birth		
Language spoken at home		

Child 2

CRN- Customer reference number from Family Assistance Office

Surname		
First name		Known as:
Date of birth		Male / Female
Child's CRN		
Country of Birth		
Language spoken at home		

Child 3

CRN- Customer reference number from Family Assistance Office

Surname		
First name		Known as:
Date of birth		Male / Female
Child's CRN		
Country of Birth		
Language spoken at home		

- Have you registered your child/ren with Family Assistance Office for Child Care Benefit (CCB)?
Yes / No
- Do you have any other children attending Child Care facilities other than Kogarah Community Services Inc.?
Yes / No if yes please indicate how many? ____

Emergency Contacts & Medical Information

Emergency Contact 1 (please nominate someone other than parent/Guardian)

Name		
Home street address		
Suburb & Postcode		
Home Phone No.		Mobile No.
Relationship to child/ren		
Is this person authorised to sign your child/ren in & out of care?	Yes / No	

Emergency Contact 2 (please nominate someone other than parent/Guardian)

Name		
Home street address		
Suburb & Postcode		
Home Phone No.		Mobile No.
Relationship to child/ren		
Is this person authorised to sign your child/ren in & out of care?	Yes / No	

Doctor's Details

Doctor's Name	
Street address	
Suburb & Postcode	
Phone No.	

Medicare Details

Medicare no. _____ Valid to: _____

Reference number on card

Please insert the card reference number of each child:

Child 1 _____ Child 2 _____ Child 3 _____

Child/ren's medical & Family information

- **Immunisation:** (please provide copy of immunisation status of each child)

Is your child/ren's immunisation up to date: Child 1 Yes / No
Child 2 Yes / No
Child 3 Yes / No

- **Disabilities**

Have any of your children being been diagnosed with disabilities or are they undergoing diagnosis?

Child 1 Yes / No child 2 Yes / No Child 3 Yes / No

Please specify the diagnosis and any management plans in place including medication. (If more room is needed please attach a page to this form)

- **Medical conditions:**

Has your child/ren been diagnosed with a medical condition? E.g. asthma, epilepsy, ADHD

Child 1 Yes / No child 2 Yes / No Child 3 Yes / No

Please specify the medical condition and any management plans that are in place including medication. (Please attach any other documentation from doctor as needed)

- **Allergies**

Does your child/ren have any allergies or anaphylaxis?

Child 1 Yes / No child 2 Yes / No Child 3 Yes / No

Please specify allergies and any management plans including medication – (please also attach anaphylaxis plan written by doctor)

Please note: if you answered yes to any of the above other forms also need completed please speak to The Assistant Manager for copies.

Child/ren's medical & Family information

- **Lifestyle choices**

Is there anything that your child/ren can not eat or participate in due to lifestyle choice or religious choices?

Child 1 Yes / No child 2 Yes / No Child 3 Yes / No

Please specify

- **Court Orders/Custody Agreement**

Is your child/ren involved in a court order/custody agreement?
(A copy must be attached to this form)

Child 1 Yes / No child 2 Yes / No Child 3 Yes / No

- **Behaviour Management**

Is your child/ren likely to wander or abscond from care?

Child 1 Yes / No child 2 Yes / No Child 3 Yes / No

Is your child/ren aggressive to others?

Child 1 Yes / No child 2 Yes / No Child 3 Yes / No

Are there any particular methods you may use to calm your child/ren down if they are overexcited or having a problem with their behaviour?

- **Fears and phobias**

Does your child/ren suffer from any fears or phobias?

Child 1 Yes / No Child 2 Yes / No Child 3 Yes / No

Please specify fear or phobia & any management plans

Parent/Guardian Authorisations

Please read the following statements and initial next to each and then sign & date at the end.

	I _____ authorise my child/ren:
	To attend Kogarah Community Services Inc. Vacation Care on all days booked by me. I understand that all due care will be taken by Kogarah Community Services Inc employees and that the service or supervisors will not be held responsible for any injury or loss or damage of property occurring during my child/ren's attendance at Vacation Care
	I agree to meet the cost of care for which I have enrolled my child/ren. I understand that care for child/ren may be cancelled if I do not pay my fees as required. Including all costs for activities provided during Vacation Care.
	To receive any medical attention if necessary and that any cost will paid for by myself. I understand that relevant information on this form may be passed on to medical staff as required
	To be photographed or videoed by Kogarah Community Services Inc. staff. I understand that the photos and videos taken may be used for promotional purposes. Kogarah Community Services Inc. duty of care ensures that every child's safety and privacy is the highest priority at all times.
	To watch movies evaluated by the Children's Services Manager as appropriate and of a classification of "G" or "PG" under the Australian Censorship board.
	To travel supervised by bus or by foot to and from the excursions attended by my child/ren. I understand that due care will be taken at all times by Kogarah Community Services Inc employees and that an employee can not be held responsible for any damage or injury occurring during travel. I understand that in cases of an emergency a staff car may be used to transport my child/ren and that I will be contacted if this is to occur.
	To participate in the regular recreational activities programmed and provided by Kogarah Community Services Inc. during Vacation Care as displayed on the program. My child/ren's participation in these activities is voluntary and not compulsory.
	To have their face painted or hair decorated with coloured hair spray during centre programmed activities.
	I understand that Vacation Care may stop at McDonald's on the way back from excursions from time to time to have an ice-cream.
	I acknowledge that the information provided within this form or verbally or via another KCS form is to be used solely for the purpose of providing Vacation Care for my child/ren and will only be released when legally required to do so.
	I acknowledge that I have read the KCS Family Handbook and agree to be bound by the information and policies outlined by Kogarah Community Services Inc.

Parent/Guardian Authorisations cont'd

	<p>Code of Behaviour</p> <p>I have read the rules of behaviour within the family handbook and have discussed them with my child/ren and agree to follow these rules while attending Kogarah Community Services Inc. Before and After School Care. We understand that there are consequences to choosing unacceptable/inappropriate behaviour and agree with these also.</p> <p>Child's name..... Signature.....</p> <p>Child's name..... Signature.....</p> <p>Child's name..... Signature.....</p>
	<p>Disclaimer</p> <p>I (Please state name) hereby state that the above information provided is correct and all information that may affect my child/ren's care at Kogarah Community Services Inc. has been included. I understand that enrollment in the program is conditional on the accuracy of the information provided.</p>

Parent 1

Parent Name		
Parent Signature		Date
Witness Name		
Witness Signature		Date

Parent 2

Parent Name		
Parent Signature		Date
Witness Name		
Witness Signature		Date

Vacation Care Bookings October 2009

Please write your child's name in days needed. EX- Excursion IH - in Centre

Week 1	Monday 5 th April	Tuesday 6 th April	Wednesday 7 th April		Thursday 8 th April		Friday 9 th April
Child 1			EX	IH	EX	IH	
Child 2			EX	IH	EX	IH	
Child 3			EX	IH	EX	IH	
WEEK 2	Monday 12 th April	Tuesday 13 th April	Wednesday 14 th April		Thursday 15 th April		Friday 16 th April
Child 1							
Child 2							
Child 3							

Week 3	Monday 19th April	Tuesday 20th April	Wednesday 21st April	Thursday 22nd April	Friday 23rd April
Child 1		Term 2 begins			
Child 2		Term 2 begins			
Child 3		Term 2 begins			

Excursions Permissions April 2010

- I give permission for my child/children to attend the following excursions with Kogarah Community Services Vacation Care. They will travel to and from excursion destination by Kogarah Community Services Bus with Centre Staff and to participate in the activities of the excursions below.

Please sign next each excursion

Date of Excursion	Excursion location	Parent signature	Date signed