

**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 18<sup>th</sup> June 2010**

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 2<sup>nd</sup> July 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 July	<b>PYJAMA DAY and DISCO!!!</b>	
Tuesday 6th July	<b>PICNIC DAY</b> -bring our lunch to the park and play	
Wednesday 7th July	<b>IMAX- Toy story 3</b> <b>\$15</b>	Sand art \$5
Thursday 8 <sup>th</sup> July	<b>IMAX - Toy story 3</b> <b>\$15</b>	WOOL CREATIONS \$5
Friday 9 <sup>th</sup> July	<b>CRAZY CRAFT DAY!!!</b>	

<b>Monday</b> 12 <sup>th</sup> July	<b>Movies – Shrek 4</b> <b>Beverly Hills Cinemas</b> <b>\$10</b>	
<b>Tuesday</b> 13 <sup>th</sup> July	WACKY HAIR DAY... (WE SUPPLY THE HAIR SPRAY, FACE PAINT AND NAIL POLISH)	
<b>Wednesday</b> 14 <sup>th</sup> July	ICE SKATING \$15	<b>Plaster fun \$5</b>
<b>Thursday</b> 15 <sup>th</sup> July	ICE SKATING \$15	<b>Masks \$5</b>
<b>Friday</b> 16 <sup>th</sup> July	<b>Winter sports Carnival</b> <i>(please wear sport shoes)</i>	

<b>Monday 19<sup>th</sup> July</b> Pupil free day	<b>FUN-A-RAMA</b>
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## 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 #. \_\_\_\_\_ 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)

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- **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)

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- **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)

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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

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- **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?

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- **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

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# 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 be 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><b>Code of Behaviour</b></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><b>Disclaimer</b></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 July 2010

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

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

<b>Week 3</b>	<b>Monday 19<sup>th</sup> July</b>	<b>Tuesday 20<sup>th</sup> July</b>	<b>Wednesday 21<sup>st</sup> July</b>		<b>Thursday 22<sup>nd</sup> July</b>		<b>Friday 23<sup>rd</sup> July</b>
<b>Child 1</b>		<b>Term 2 begins</b>					
<b>Child 2</b>		<b>Term 2 begins</b>					
<b>Child 3</b>		<b>Term 2 begins</b>					

**Excursions Permissions July 2010**

- I give permission for my child/children ..... to attend the following excursions with Kogarah Community Services Inc. 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 to each excursion

Date of Excursion	Excursion location	Parent signature	Date signed

