

**WALKERVILLE PRIMARY SCHOOL  
VACATION CARE REGISTRATION & CONFIRMATION FORM**

**(Please only fill out the highlighted section if your child has attended OSHC previously and none of the below information has changed)**

**FAMILY NAME:** \_\_\_\_\_

**Account Holder Name:** \_\_\_\_\_ **DOB:**    /    /    **CRN:** \_\_\_\_\_  
(This must be the person registered with Centrelink to claim the benefits)

**By signing this form I have read all the consents and permissions below and also understand the Booking & Billing Policies:**

**Name of Guardian:** \_\_\_\_\_ **SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<p><b>Child's Name:</b> _____</p> <p><b>CRN:</b> _____ <b>DOB:</b>    /    /</p> <p><b>Child's Name:</b> _____</p> <p><b>CRN:</b> _____ <b>DOB:</b>    /    /</p> <p><b>Child's Name:</b> _____</p>	<p><b>Parent/Guardian:</b> <b>Name:</b> _____</p> <p><b>Relationship to child:</b> _____</p> <p><b>Phone (mob)</b> _____</p> <p><b>Phone (other)</b> _____</p> <p><b>Emergency contact</b> _____</p> <p><b>Contact number:</b> _____</p> <p><b>Relationship to child</b> _____</p> <p><b>Permission to collect child: YES/NO</b> _____</p>
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**COLLECTION OF CHILDREN:** I accept that it is my responsibility to collect my child/ren from the vacation care program each day by 6:00pm and understand and will accept the late collection policy. I also will advise the centre if someone different is collecting them and will provide adequate details to the centre staff. They will be required to show identification if they have not previously collected them.

**Email Address:** \_\_\_\_\_

Indicate which parent has custody (if applicable)  
(Attach any updated custody orders please)

**I UNDERSTAND THAT IT IS A REQUIREMENT THAT MY CHILD/REN HAVE A HAT, LUNCH & DRINK BOTTLE EVERYDAY UNLESS STATED ON THE PROGRAM & I WILL BE CHARGED ACCORDINGLY IF THIS IS NOT MET.**

**PARTICIPATION/CONSENTS**

As the parent/guardian of \_\_\_\_\_

I give my consent for them to participate in all activities stated on the program unless I have identified in writing these activities, which my child/ren are not to do, perform or participate in. I understand my child/ren may participate in local walking excursions in the community area of Walkerville. I give consent for my child/ren to watch G & PG movies that staff deem to be appropriate.

**PERMISSION TO TRAVEL TO THE FOLLOWING LOCATIONS BY SEAT BELTED PRIVATE COACH & PARTICIPATE IN THE ACTIVITIES PROVIDED.**

Apex Park West Beach, Blackwood Rec Centre, Victor Harbour, Semaphore Cinemas, Bowling and Laser tag Norwood, Semaphore Slides Semaphore, Flip Out Munno Para, Murray Bridge Swimming Centre Murray Bridge, Megazone, Pizza Hut & Intensity, Inflatable world

**PAYMENT & BOOKING PERMISSION** –By signing this form, and entering a payment reference number, you are securing the booking for your child, and therefore this is confirmation that your child has been booked into the Vacation Care program.

**CHILD CARE SUBSIDY PAYMENTS** – Please make sure you are aware of your CCS eligibility hours before booking in. This will not be OSHC's responsibility to inform parents of their available hours. Please contact Centrelink if unsure.

**PERMISSION IN AN EMERGENCY SITUATION:**

In the event of any illness or accident, I authorise the obtaining on my behalf of such medical assistance my child/ren may require and agree to pay all medical expenses thus incurred.

**MEDICAL INFORMATION:**

Name of Doctor: \_\_\_\_\_ Medicare No: \_\_\_\_\_ Ambulance Cover: **YES** **NO**

Does your child/ren have any medical condition or health problems that may affect him or her whilst at the centre?  
**YES** **NO** If yes please state details: \_\_\_\_\_

(Please attach any medical plans and make sure the centre has updated medication prior to attending, this is your responsibility)

**SWIMMING ABILITY:** I would describe my child/rens swimming ability as \_\_\_\_\_

They will need assistance in the Pool **YES** **NO**

# VACATION CARE BOOKING FORM

Please note all bookings close Friday 29<sup>th</sup> November unless booked out prior

<b>WEEK 1</b>	No of children	Full Fee	Total	Deposit Paid \$10 per Day/child
Mon 16 <sup>th</sup> Dec – BEACH DAY – (Exc)		\$60		
Tues 17 <sup>TH</sup> Dec – SLIDE & SLIDE DAY (Non-Exc)		\$55		
Wed 18 <sup>TH</sup> Dec – MYSTERY BUS TOUR (Exc)		\$60		
Thurs 19 <sup>TH</sup> Dec – XMAS PARTY & DISCO (Non-Exc)		\$55		
Fri 20 <sup>th</sup> Dec – MOVIE DAY (Exc)		\$60		
<b>WEEK 2</b>				
Mon 6 <sup>TH</sup> Jan – MURRAY BRIDGE SWIMMING (Exc)		\$60		
Tues 7 <sup>th</sup> Jan – INFLATABLE DAY (Non Exc)		\$55		
Wed 8 <sup>th</sup> Jan – MEGAZONE (Exc)		\$60		
Thurs 9 <sup>th</sup> Jan – GAMES 2 U (Non Exc)		\$55		
Fri 10 <sup>th</sup> Jan – BOWLING AND LASER TAG (Exc)		\$60		
<b>WEEK 3</b>				
Mon 13 <sup>th</sup> Jan – BUBBLE DAY (Non Exc)		\$55		
Tue 14 <sup>th</sup> Jan – SEMAPHORE SLIDES (Exc)		\$60		
Wed 15 <sup>th</sup> Jan – WILBURS WILDLIFE (Non Exc)		\$55		
Thurs 16 <sup>th</sup> Jan – PIZZA HUT & INTENCITY (Exc)		\$60		
Fri 17 <sup>th</sup> Jan – MASTERCHEF (Non Exc)		\$55		
<b>WEEK 4</b>				
Mon 20 <sup>th</sup> Jan – VICTOR HARBOUR (Exc)		\$60		
Tue 21 <sup>ST</sup> Jan – CRAZY CUPCAKE & CRAFT (Non Exc)		\$55		
Wed 22 <sup>nd</sup> Jan – FLIP OUT (Exc)		\$60		
Thurs 23 <sup>rd</sup> Jan – PJ PARTY (Non Exc)		\$55		
Fri 24 <sup>th</sup> Jan – INFLATABLE WORLD (Exc)		\$60		

**Please note: BOTH forms must be filled out and deposit paid in order to secure a booking.**

I would like to pay the: Deposit \$ \_\_\_\_\_ OR Full Amount \$ \_\_\_\_\_

### PAYMENT MADE BY

There are now two payment options below to pay for Vacation Care. If paying via QKR please put Vacation Care Deposit in the invoice section, if paying via Internet Banking please clearly state the child's name or the account name that you receive your invoices under.

**BSB: 065-114 ACC: 10308002**

INTERNET BANKING No:	QKR RECEIPT No:
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