

Brookvale OOSHC “BOOSHC” Vacation Care Information and Booking Form

JULY VACATION CARE 2010

Page 1: INFORMATION FOR PARENTS—please read and keep this page for your reference

General information about the vacation care program

Vacation care dates this term	Week Days Only: MONDAY 5/7/10 – MONDAY 19/7/10 DAILY CASH PAYMENT FOR EXCURSIONS IS REQUIRED	Booking deadline THURSDAY 26/6/10	
Fees	Daily Rate 7:00am-6:30pm	\$43.00 base rate per day plus excursion/theme cost (in cash on the day) = total	
Enquiries	9905 9564 NB: If you have not previously enrolled at BOOSHC, we will require additional information – please check with Centre Staff..	Vacation mobiles & email	0450 710 045 / 0414 905 724 booshc@brookvaleELC.com.au

Conditions of care—please read carefully

Fees for late pick-up

Children not picked up by 6:30pm will be charged a late fee of \$20 for the first 15 minutes and \$1.00 per minute thereafter, payable to the staff on duty at the time. Parents MUST telephone Brookvale ELC if they anticipate a late pickup due to unforeseen circumstances.

Excursions

Children must be at the centre by 9:00am. Any child running late will need to be taken to the venue as directed.

Cancellation/transfers

No transfer of days allowed. No refund will be paid nor days in lieu considered upon cancellation.

Behaviour

BOOSHC reserves the right to request a child be withdrawn from the centre following consultation with parents, staff and Director in accordance with the policies of the centre. The *Brookvale Early Learning Centre Policy and Procedures* document is readily available upon request and is on display at the centre.

Dropping off/picking up

Adults must accompany children to and from the centre. Adults must SIGN ON and SIGN OFF the roll when arriving and departing with the child.

Illness / accident / medication

If a child is unwell or involved in an accident and unable to join in activities, parents will be contacted to collect the child. In the event of a serious accident, children will be taken to the nearest medical assistance. Parents will be notified as soon as possible. We do not administer medication under any circumstances without a medication permission form filled out and signed by the parent.

What to bring / wear

- BOOSHC has introduced their own cap as a compulsory part of Vacation Care. The caps are used as a safety & security measure on excursions and must be purchased as part of the enrolment fee on commencing Vacation Care. They are \$15.
- BOOSHC provide a light breakfast till 8am, morning tea, lunch with a drink & afternoon tea snack. All children must bring a refillable drink bottle & additional food if required. They must also bring their own back pack.
- All children must wear sunscreen & fully enclosed flat shoes at all times (sneakers / school shoes preferable).
- Please be aware that your child will not be able to go on an excursion without covered flat shoes & a BOOSHC cap.

Vacation care activities this holidays

Monday 5/7/10	Tuesday 6/7/10	Wednesday 7/7/10	Thursday 8/7/10	Friday 9/7/10
Movies: Toy Story 3 \$43 (+ \$10 cash)	Wheels Day \$43 (+ cash \$15)	Sports Ex & Park \$43 (FREE)	The Magic Pudding \$43 (+ cash \$16)	Maritime Museum \$43 (+ cash \$8)

Monday 12/7/10	Tuesday 13/7/10	Wednesday 14/7/10	Thursday 15/7/10	Friday 16/7/10	Monday 19/7/10
Pirates at Hyde Park Barracks \$43 (+ cash \$10)	Barrenjoey Lighthouse \$43 (FREE)	BBQ & Park \$43 (FREE)	Lollipops Playland \$43 (+ cash \$10)	Bowling & Party Day \$43 (+ cash \$15)	Rock House & Caves \$43 (+ \$10 cash)

This program may be modified to accommodate adverse weather conditions, minimum numbers for excursions or unforeseen circumstances.

BOOSHC Vacation Program is a safe, supervised environment for children, offering a balance of structured & unstructured activities & excursions. Children are encouraged to socialise, learn new skills & relax with free & imaginative play. Qualified & experienced staff care for the children.

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Page 2: BOOKING FORM—please print, complete and submit to BOOSHC staff

Child 1	Name:	DOB:	CRN:	M / F	Year at School:
Child 2	Name:	DOB:	CRN:	M / F	Year at School:
Address					Post Code:

Please tick the box for requested days for each child

Monday 5/7/10	Tuesday 6/7/10	Wednesday 7/7/10	Thursday 8/7/10	Friday 9/7/10
Movies: Toy Story 3 \$43 (+ \$10 cash)	Wheels Day \$43 (+ cash \$15)	Sports Ex & Park \$43 (FREE)	The Magic Pudding \$43 (+ cash \$16)	Maritime Museum \$43 (+ cash \$8)
Child 1 <input type="checkbox"/>	Child 1 <input type="checkbox"/>	Child 1 <input type="checkbox"/>	Child 1 <input type="checkbox"/>	Child 1 <input type="checkbox"/>
Child 2 <input type="checkbox"/>	Child 2 <input type="checkbox"/>	Child 2 <input type="checkbox"/>	Child 2 <input type="checkbox"/>	Child 2 <input type="checkbox"/>

Monday 12/7/10	Tuesday 13/7/10	Wednesday 14/7/10	Thursday 15/7/10	Friday 16/7/10	Monday 19/7/10
Pirates at Hyde Park Barracks \$43 (+ cash \$10)	Barrenjoey Lighthouse \$43 (FREE)	BBQ & Park \$43 (FREE)	Lollipops Playland \$43 (+ cash \$10)	Bowling & Party Day \$43 (+ cash \$15)	Rock House & Caves \$43 (+ \$10 cash)
Child 1 <input type="checkbox"/>	Child 1 <input type="checkbox"/>	Child 1 <input type="checkbox"/>	Child 1 <input type="checkbox"/>	Child 1 <input type="checkbox"/>	Child 1 <input type="checkbox"/>
Child 2 <input type="checkbox"/>	Child 2 <input type="checkbox"/>	Child 2 <input type="checkbox"/>	Child 2 <input type="checkbox"/>	Child 2 <input type="checkbox"/>	Child 2 <input type="checkbox"/>

Parents / guardians

Mother	Name:	CRN:	Home number:
		DOB:	Work number:
Father	Name:	CRN:	Home number:
		DOB:	Work number:
Emails			

Authority to collect / emergency contacts

1	Name:	Phone:
2	Name:	Phone:

Medical information

Immunization complete	<input type="checkbox"/> yes <input type="checkbox"/> no	Medicare number
Medical / special needs / disabilities		

Applicant's declaration and indemnity

I have read the conditions of enrolment & agree to abide by them in every respect. I acknowledge that my child/ren will be exposed to all normal risks that may be associated with this program. In the event of any accident or illness, I authorise BOOSHC staff to obtain such ambulance, medical & hospital assistance as required & agree to meet any and all expenses thereby incurred. **I give permission for my child/ren to be taken on public or hired transport for excursions, which may include Nicole Mackinnon (BOOSHC COORDINATOR), licensed & driving a minibus. I give permission for my child/ren to be taken on local excursions to nearby parks & playgrounds. I give permission for my child/ren to be photographed by carers, at excursions or in-centre events and displayed on the BOOSHC photo wall.**

Signature of parent: _____ Date signed: _____

**PAYMENT INFORMATION: IF YOU WANT TO CLAIM CCB AS A REDUCED FEE YOU WILL BE INVOICED AT THE END OF EACH WEEK. CORRECT CASH FOR EXCURSIONS ONLY MUST BE PAID EACH DAY.
WE DO NOT ACCEPT CASH PAYMENTS FOR FEES.**

Payment Method (tick appropriate box)	<input type="checkbox"/> Direct deposit —Bank: Westpac; Account name: Brookvale Early Learning Centre; BSB: 032 717; Account number: 252 711. Please reference child's name. <input type="checkbox"/> Internet payments via our website www.brookvaleELC.com.au Follow the payment link on the website <input type="checkbox"/> Invoice with CCB reduced fee (paid before the end of school holidays). <input type="checkbox"/> In person credit card & eftpos payments at the centre. (All credit card transactions incur a 1% surcharge)				
Mailing Address	BELC PO Box 26 Brookvale 2100	In Person	Brookvale Early Learning Centre 2-8 Old Pittwater Rd Brookvale	Fax Email	02 8569 0644 booshc@brookvaleELC.com.au