

Brookvale "BOOSHC" Vacation Care Information and Booking Form

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 4 th July 2016	Tuesday 5 th July 2016	Wednesday 6 th July 2016	Thursday 7 th July 2016	Friday 8 th July 2016
Pancake Cooking Day \$52 (FREE)	Hoyts \$52 (\$12 CASH)	BBQ @ Park \$52 (FREE)	Sydney Aquarium \$52 (\$20 CASH)	Crazy Dress Up Treasure Hunt \$52 (FREE)
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 11 th July 2016	Tuesday 12 th July 2016	Wednesday 13 th July 2016	Thursday 14 th July 2016	Friday 15 th July 2016	Monday 18 th July 2016
Australian Museum \$52 (\$6 CASH)	Sports Spectacular Fun Day \$52 (FREE)	Bricks 4 Kidz \$52 (\$13 CASH)	Winter Art & Craft Day \$52 (FREE)	Mini Golf \$52 (\$18 CASH)	Hoyts Party Day \$52 (\$12 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"/>

Provide information requested below even if details have not changed from previous care

Parents / guardians

Mother	Name:	CRN:	Mobile number:
	Address:	DOB:	Work number:
Father	Name:	CRN:	Mobile number:
	Address:	DOB:	Work number:
Emails			

Authority to collect / emergency contacts

1	Name:	Relationship to child:	Phone:
2	Name:	Relationship to child:	Phone:

Medical information

Immunization complete	<input type="checkbox"/> yes <input type="checkbox"/> no	Medicare number	
Medical / special needs / disabilities			
Food Allergies or Dietary Requirements			

NB: If your child has not attended our Vacation Care program previously you will need to complete a detailed Enrolment Form also. Please collect from the centre.

Applicant's declaration and indemnity

Child/ren's Name: _____

- I have read the conditions of enrolment & agree to abide by them in every respect.
- I acknowledge that I am aware that all fees must be paid PRIOR to care starting and they my bookings will not be held until payment is made.
- I acknowledge that I am aware that no refunds or days in lieu will be given if my child is absent from a booked in day due to any reason including illness
- I acknowledge that my child MUST be at the centre by 9am on all excursion days unless specified differently on the program. Otherwise I am aware that it is my responsibility to get them to the excursion destination and meet with the rest of the group.
- I acknowledge that I am aware that the programs may change at short notice due to attendances or weather changes
- I acknowledge that I must pay a late fee if my child is collected after 6.30pm. This must be paid in cash at the time to the teachers who have stayed back with my child.
- 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. 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.
- I understand that my child's belongings are their responsibility and that staff will not be held responsible for lost or damaged personal belongings at any time.
- I understand that all excursion costs will need to be paid in full at the beginning of each week.

Please sign below to show that you acknowledge all the above points and that you are aware that the centre has policies and procedures that must be followed by all staff, parents and children whilst at the centre.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____