

# Brookvale "BOOSHC" Vacation Care Information and Booking Form

Monday, 30<sup>th</sup> September to Friday 11<sup>th</sup> October 2019

**BOOKING DEADLINE: FRIDAY 20<sup>TH</sup> September 2019**

**BOOKING FORM**—please print, complete and submit to BOOSHC staff

<b>Child 1</b>	Name:	DOB:	CRN:	M / F	Year at School:
<b>Child 2</b>	Name:	DOB:	CRN:	M / F	Year at School:
<b>Child 3</b>	Name:	DOB:	CRN:	M / F	Year at School:
<b>Address</b>					Post Code:

Please tick  the box for requested days for each child

Monday 30 <sup>th</sup> September	Tuesday 1 <sup>st</sup> October	Wednesday 2 <sup>nd</sup> October	Thursday 3 <sup>rd</sup> October	Friday 4 <sup>th</sup> October
<b>Movies at the Mall \$60 + (\$15 ex)</b>	<b>Art and Craft \$60 + (FREE)</b>	<b>Q Station \$60 + (\$30 ex)</b>	<b>Science Day \$60 (FREE)</b>	<b>BBQ Brookie Park \$60 (FREE)</b>
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 3 <input type="checkbox"/>	Child 3 <input type="checkbox"/>	Child 3 <input type="checkbox"/>	Child 3 <input type="checkbox"/>	Child 3 <input type="checkbox"/>

Monday 7 <sup>th</sup> October	Tuesday 8 <sup>th</sup> October	Wednesday 9 <sup>th</sup> October	Thursday 10 <sup>th</sup> October	Friday 11 <sup>th</sup> October
<b>CLOSED PUBLIC HOLIDAY</b>	<b>Games 2U \$60 + (\$20 ex)</b>	<b>Multicultural Day \$60 (FREE)</b>	<b>Luna Park \$60 + (\$50 ex)</b>	<b>Disco &amp; Party Day \$60 + (FREE)</b>
	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 3 <input type="checkbox"/>	Child 3 <input type="checkbox"/>	Child 3 <input type="checkbox"/>	Child 3 <input type="checkbox"/>

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

## Parents / guardians

<b>Mother</b>	Name:	Mobile number:
	Email:	Work number:
<b>Father</b>	Name:	Mobile number:
	Email:	Work number:

## Authority to collect / emergency contacts

<b>1</b>	Name:	Relationship to child:	Phone:
<b>2</b>	Name:	Relationship to child:	Phone:

## Medical information

<b>Medical / special needs / disabilities</b>	
<b>Food Allergies or Dietary Requirements</b>	

## **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 that 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 and on Storypark.
- I understand that my child's belongings are their responsibility and that the staff or centre will not be held responsible for lost or damaged personal belongings at any time.
- I understand that all excursion costs and fees will need to be paid in full prior to the start of the holiday program.

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: \_\_\_\_\_

**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.**