



Child's Full Name: _____

Parent/Guardian CRN (account holder): _____ - _____ - _____ - _____

20th September to 1st October

Primary School Holiday Program Booking Form

BOOKING DETAILS

- 1) **Have you completed the 2021 Registration Form on line? If not Contact Lyn**
If you do not have an Enrolment form you cannot attend the program.
- 2) **Complete ALL the questions below and sign the Parent Declaration (on reverse).**
- 3) **Submit this booking form by Friday 10/09/2021. Applications close on this date all changes or cancellations need to be made by this date.**
- 4) **All payments need to be submitted by Thursday 16/09/2021**

Guardian 1. Name:

(Same person as registered for Child Care Benefit)

Contact Phone Numbers: (H) (W)

(M)

Email Address

Does your child have any additional needs? No Yes (If Yes see Coordinator)

Has your child attended the Epping Views PS Holiday Program before? No Yes

Do you have any children attending **other Approved Childcare services**, such as long day care, Family Day Care, during the school holidays? If so please indicate the number of children in other Approved Childcare Services _____

Please answer the following if applicable –

- Court orders supplied are current and complete No Yes N/A
- Asthma action plans supplied are current and completed No Yes N/A
- Anaphylaxis action plans are current and completed No Yes N/A

Children have a choice to go out on excursion days or to stay in. If your child is booked for the excursion, you will be charged an additional amount (as shown on booking form) for the excursion - this is not CCS funded. All incursions are compulsory, if your child attends on a day that has an incursion. This is an additional amount and is not CCS funded.

Please note: You need to tick in the box for all days your child is attending, if your child is going on the EXCURSIONS you must tick it on the booking form as they will not be able to go on the day if not already booked.

ALL PAYMENTS: Payments are to be made - Via Qkr phone app. Please download go into the Epping Views primary school site into School payments top of screen into services and pay in the vacation care app. Or you can ring the office on 8401 3791 and pay over the phone via credit card.

Week 1	Monday 20th Sept	Tuesday 21st Sept	Wednesday 22nd Sept	Thursday 23rd Sept	24th Sept
	CARP PRODUCTION \$15.00	TRACK & FIELD	CAKE DECORATING	FOOTY FEVER \$5.00	CLOSED
Week 2	Monday 27th Sept	Tuesday 28th Sept	Wednesday 29th Sept	Thursday 30th Sept	Friday 1st Oct
	EVERYONE TO THE MOVIES \$25.00	INDOOR/OUTDOOR GAMES	WACKY SCIENCE DAY	RECYCLED ART TRASH PUPPETS	GAMES DAY

PARENT/GUARDIAN DECLARATION

Please Complete and Sign

1,

← insert Parent/Guardian Name in BLOCK CAPITALS

Being a person of parental responsibility of the afore-mentioned child,

- Agree to abide by the condition of the Epping Views PS Holiday Program.
- Approve of my child's attendance at Epping Views PS Holiday Program.
- Agree to pay for all of the days my child is successfully enrolled, regardless of whether my child actually attends the days booked, unless cancellation is made prior to the stipulated date on the corresponding booking form.
- Understand applications are processed in date order received and the Priority of Access Guidelines. The Epping Views Primary School must receive this Registration form and the Booking form by the stipulated date on the corresponding booking form to be considered under these terms.
- Understand that all fees will be paid prior to the program beginning.
- Understand that Management have the right to refuse any family commencing the program if their account is outstanding unless prior arrangements are made.
- Am aware that there will be NO refunds of fees.
- Agree that I will inform the School Holiday Program Team of any absence of my child.
- Acknowledge that my child will not attend the program if suffering from an infectious or contagious disease;
- Am aware that absent days will contribute towards my 42 'Allowable Absences' per year for Child Care Benefit purposes.
- Authorise the Children's Service, to seek medical treatment for my child from a registered medical practitioner, hospital or ambulance service in the event of any accident, illness, injury or trauma, and agree to meet any associated expenses.
- Understand that this program will involve incursions, excursion, and in-centre activity days and hereby authorise my child to take part in them, as outlined on the corresponding activities brochure.
- Understand excursions may be cancelled or altered due to circumstances beyond our control. All fees will remain.
- Understand that my child will be transported to and from excursion destinations; and this may be subject to change.
- Understand that I must give notice to staff if my child is to leave the centre, at any time of the day, and accept that once they leave the program, staff members are no longer responsible for my children.
- Will provide, if applicable, the relevant and completed anaphylaxis, asthma or epilepsy 'Action Plan' for my child.
- Authorise the service to display the relevant Action Plan.
- Agree that the information provided on this form is true and correct and undertake to inform the children's service in the event of any change to this information.

Parent 1 Signature: Dated:/...../.....

(Same person as registered for Child Care Benefit)

For any further information, please contact Epping Views Primary School Vacation Care Co-ordinator on 8401 3791 or 0439 096 857

INCOMPLETE FORMS WILL NOT BE PROCESSED AND FAXED OR SCANNED FORMS WILL NOT BE ACCEPTED

Privacy Statement

The Holiday Program uses the registration form to collect personal information for the purposes of program enrolment and statistical recording. The information may be shared with funding agencies and administrators for operational purposes only. The information will not be disclosed to any other party except as required by law. You will be able to amend or correct information on request.