



Child's Full Name: _____

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

20th December to 23rd December - 10th January to 28th January Primary School Holiday Program Booking Form

BOOKING DETAILS

- 1) **Have you completed the 2022 Registration Form? If not Contact Lyn.**
- 2) **Complete ALL the questions below and sign the Parent Declaration (on reverse).**
- 3) **Submit this booking form before the 03/12/2021.**
- 4) **All payments are to be made Via QKR Only.**

All Payments need to be submitted before your child/children attend.

PLEASE NOTE:

All families must complete Online Enrolment for 2022 to Attend Please ring Lyn for details if you have not done an online enrolment at all, if you have please update and resubmit.

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

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,

Monday 20 th Dec	Tuesday 21 st Dec	Wednesday 22 nd Dec	Thursday 23 rd Dec	Friday 24 th Dec
Wheels Day	Scavenger Hunt	Christmas Arts & Craft	Games Extravaganza	CLOSED
CLOSED FROM 24th DECEMBER REOPEN 10th January				
Monday 10 th Jan	Tuesday 11 th Jan	Wednesday 12 th Jan	Thursday 13 th Jan	Friday 14 th Jan
Cooking Cookies	Jewellery & Beading	Championship Day	Hydro Dipping	Movie day
Monday 17 th Jan	Tuesday 18 th Jan	Wednesday 19 th Jan	Thursday 20 th Jan	Friday 21 st Jan
Tie Dye	Tennis Anyone	Wood Work	Chocolate fun day	Mini Olympics
Monday 24 th Jan	Tuesday 25 th Jan	Wednesday 26 th Jan	Thursday 27 th Jan	Friday 28 th Jan
Fluffy Slime	Talent Quest	CLOSED	Paint & Create	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, and any outstanding after the program ends as the quote we receive is only an estimated quote for fee payment.
- 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 Subsidy 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 via your online Enrolment then you must resubmit.