

# BEAUCHAMP PARK Recreational Program SUMMER 2016 - 2017

---

WILLOUGHBY CITY COUNCIL CHILDREN'S SERVICES

---



## INFORMATION AND PROGRAM

# Willoughby City Council Programs

Willoughby City Council operates Vacation Care Centres and a Recreational Program for children to have fun during the school vacation period and to offer care for working and non-working parents.

## BEAUCHAMP PARK RECREATIONAL PROGRAM 11-14 years

Beauchamp Park Pavilion, Nicholson St, Chatswood | Ph: 9777 1000 | 8am - 6pm | Limit 30 children

## ARTARMON VACATION CARE 5-12 years Artarmon Kids Cottage Community Centre

18 Broughton Road, Artarmon | Ph: 9777 1082 | 8am - 6pm | Limit 65 children

## BALES PARK VACATION CARE 5-12 years

122 Sydney St, Willoughby | Ph: 9413 2351 | 8am - 6pm | Limit 40 children

## CHATSWOOD VACATION CARE 5-12 years

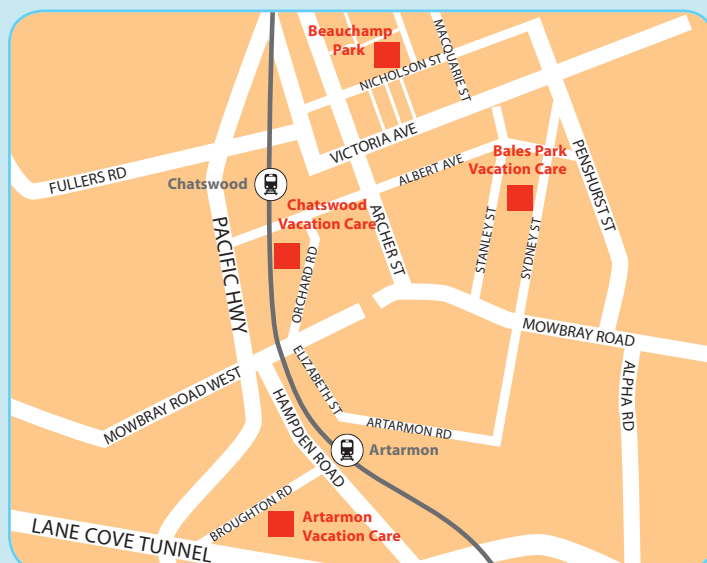
Trumper Pavilion/Chatswood Oval, Albert Ave, Chatswood | Ph: 9777 7845 | 8am - 6pm | Limit 50 children

## CHILD CARE BENEFIT (CCB) CHILD CARE REBATE (CCR)

Child Care Benefit/ Child Care Rebate is available to eligible families with children attending any approved service provider. Families must contact Department of Human Services (DHS) to obtain 'Customer Reference Numbers' (CRNs) if they wish to receive reduced childcare fees at a service.

Families without a CRN will be charged full fees. On this enrolment form you are required to nominate the CCB/CCR Claimant as parent 1.

For more information contact the DHS – Centrelink on 13 61 50.



## ENROLMENT

- Fees are currently **\$49.50 per day per child**.
- Bookings are normally taken two weeks prior to each NSW gazetted school holiday.
- Booking forms can be found and downloaded from Willoughby City Council's website [www.willoughby.nsw.gov.au](http://www.willoughby.nsw.gov.au)

### To lodge your booking:

- Scan and Email your completed enrolment forms, booking forms and Credit card authority to council at: Email: [childserv@willoughby.nsw.gov.au](mailto:childserv@willoughby.nsw.gov.au)
- Post enrolment and booking forms with cheque or credit card authority to: Help and Service, Willoughby City Council, PO Box 57, Chatswood NSW 2067

- Postal bookings must be received prior to day of required care. Booking by mail is at your own risk as Council cannot guarantee vacancies at centres.
- Pay in person with your enrolment and booking forms at the Help and Service desk, **Willoughby City Council, Level 4, 31 Victor Street, Chatswood NSW 2067.**
- Payments must be made on the day of booking.
- Receipts must be sighted by centre staff for all 'last minute' bookings.
- **No bookings will be accepted at the vacation centres after holiday care commences.**
- For general enquiries phone 9777 1000. Forms and further information are available from [www.willoughby.nsw.gov.au/vacation-care.html](http://www.willoughby.nsw.gov.au/vacation-care.html).

## LEGEND 1



In-centre

## LEGEND 2



By Train



By Public Bus



By Charter Bus



Walking

Excursion

Outing

# Beauchamp Park Terms and Conditions

## ENROLMENT PACKAGE

- All **NEW** families are required to complete an enrolment form prior to booking.
- All **EXISTING** Vacation Care & OOSH families are required to provide services with a completed 'update details form' if and when their information changes.

## CANCELLATIONS, REFUNDS & CREDIT NOTES

Cancellations of care will not be accepted once your booking has been processed. Where possible, 'swapping' of days can be accommodated.

Refunds can be given in an exceptional circumstance by writing to the Nominated Supervisor and with supporting medical certificate if your child is sick.

## ILLNESS

In accordance with the regulations from the Department of Health, **sick children with a contagious illness must not attend the centre.**

Please notify the Centre staff if your child will not be attending the Centre or contact Children's Services staff on 9777 7982.

## LATE ARRIVAL AND ABSENCES

Please inform staff if your child will arrive later than 9.00am and/or will be absent from care as it may affect departure times for outings.

## MEDICATION

Staff will only administer medication to a child if it has been prescribed by a doctor. Over the counter medications such as Panadol and cough medicine will only be administered if accompanied by a doctor's letter of authorisation stating the child's name, the dosage required and the time to be administered.

Parents must complete a medication form at the Centre.

## CENTRE HOURS

Centres are open from 8am to 6pm. Children will not be accepted into the Centre before 8am and must be collected by 6pm.

## LATE FEE

Children must be picked up by 6pm. A late fee of \$20 for the first 10 minutes or part thereof and \$2 for every minute thereafter will apply immediately after 6pm. A receipt will be issued upon payment. Please phone the Centre if you think you will be late collecting your child.

## CLOTHING

All children must have sunscreen and a hat everyday. Please provide suitable clothing and wet weather gear for your child each day.

## MEALS

Please provide your own substantial and nutritious meals to last your child(ren) all day. We do not recommend soft drinks and junk food. Children can keep their food fresh and cool in the fridge at the centre. Please note that we are a nut free service.

## COMPULSORY EXCURSIONS

National OOSH Standard staff to child ratios will apply to all excursions and will be dependent on the activity. All children are required to attend "compulsory" excursions. Permission notes are to be signed as part of this enrolment package at time of enrolling/booking into care.

## CENTRE POLICIES & PROCEDURE MANUAL

These are available at the Centre and also on the website:

[www.willoughby.nsw.gov.au/vacation-care.html](http://www.willoughby.nsw.gov.au/vacation-care.html)

## PLEASE NOTE

If a child does not behave in an acceptable manner, Council reserves the right to suspend or withdraw the child's enrolment after consultation with Council Officers, Centre Nominated Supervisor and Parents/Guardian.

## WEEK 1

### MONDAY 19 DECEMBER

#### HOYTS CINEMA - MANDARIN CENTRE

Enjoy watching the latest movie release at the cinema. Bring some money and shop at the candy bar for treats to have during the movie.

**Total Cost of Day:** \$59.50



Excursion

### TUESDAY 20 DECEMBER

#### YOUTH CENTRE

By request, we have organised a chill day of playing pool, Wii and an added order of pizza for lunch.

**Total Cost of Day:** \$49.50

**Additional cost:** \$5.00 (optional for pizza)



Excursion

### WEDNESDAY 21 DECEMBER

#### SWIMMING @ LANE COVE POOLS

NB. Children must be able to swim unaided. Children will be given a brief talk by staff about water safety and awareness.

**Public Bus:** Depart 10am / Return 2.30pm

**Total Cost of Day:** \$58.80 (includes bus fare)



Excursion

### THURSDAY 22 DECEMBER

#### ICE-SKATING AT MACQUARIE RINK

Bring: Warm clothes and a pair of socks.

**Train:** Depart 10am/ Return 2.30pm

**Total Cost of Day:** \$68.50 (includes train fare)



Excursion

### FRIDAY 23 DECEMBER

#### Pancakes on the Rocks

Travel by train to Milson's Point where we will walk across the iconic Harbour Bridge, making our way to Pancakes on the Rocks for a meal.

**Train:** Depart 10am/ Return 2.30pm

**Additional cost:** Meal \$10 - \$20

**Total Cost of Day:** \$51.85 (includes train fare)



Excursion

## WEEK 2

### MONDAY 26 DECEMBER

**CENTRE CLOSED**

### TUESDAY 27 DECEMBER

**CENTRE CLOSED**

### WEDNESDAY 28 DECEMBER

**CENTRE CLOSED**

### THURSDAY 29 DECEMBER

**CENTRE CLOSED**

### FRIDAY 30 DECEMBER

**CENTRE CLOSED**

## WEEK 3

### MONDAY 2 JANUARY

**CENTRE CLOSED**

### TUESDAY 3 JANUARY STRIKEBOWL - LASER SKIRMISH COMBO

Team up with friends for a friendly competition of ten pink bowling and laser skirmish.

**Total Cost of Day:** \$69.50

### WEDNESDAY 4 JANUARY YOUTH CENTRE

Our regular trips to the local Youth Centre where you can chill out watching a DVD, play some pool, hit some beats in the music room or have a game on the Xbox. Grab some lunch on the way over.

**Total Cost of Day:** \$49.50

### THURSDAY 5 JANUARY TRIP TO LOCAL SHOPS

A day to spend with friends shopping at nearby Chatswood Chase or Westfield Shopping Centre.

**Total Cost of Day:** \$49.50

### FRIDAY 6 JANUARY SWIMMING @ LANE COVE POOLS

NB. Children must be able to swim unaided. Children will be given a brief talk by staff about water safety and awareness.

**Public bus:** Depart 10am/ Return 2.30pm

**Total Cost of Day:** \$58.80 (includes bus fare)



Excursion



Excursion



Excursion



Excursion

## WEEK 4

### MONDAY 9 JANUARY PADDLEBOARDING WITH PROKAYAKS

Enjoy a few hours kayaking around Narrabeen Lakes.

**Charter Bus:** Depart: 10am/ Return: 2.30pm

**Total Cost of the Day:** \$92



Excursion

### TUESDAY 10 JANUARY YOUTH CENTRE

Our regular trips to the local Youth Centre where you can chill out watching a DVD, play some pool, hit some beats in the music room or have a game on the Xbox. Grab some lunch on the way over.

**Total Cost of Day:** \$49.50



Excursion

### WEDNESDAY 11 JANUARY LUNA PARK

Includes an all day UNLIMITED rides pass! Come and enjoy Luna Park and all it has to offer!

**Train:** Depart: 9.30am/ Return: 3pm

**Total Cost of Day:** \$86.00 (includes train fare)



Excursion

### THURSDAY 12 JANUARY CLIMB FIT @ ARTARMON

Test your strengths and climbing abilities at our local indoor rock climbing centre.

**Train:** Depart: 10am/ Return: 2pm

**Total Cost of Day:** \$65.00 (includes train fare)



Excursion

### FRIDAY 13 JANUARY ICE SKATING - MACQUARIE ICE RINK

Bring: Warm clothes and a pair of socks.

**Train:** Depart: 10am/ Return: 2.30pm

**Total Cost of Day:** \$68.50 (includes train fare)



Excursion

## WEEK 5

### MONDAY 16 JANUARY

#### SWIMMING @ LANE COVE POOLS

NB. Children must be able to swim unaided. Children will be given a brief talk by staff about water safety and awareness.

**Public Bus:** Depart: 10am/ Return: 2.30pm

**Total Cost of the Day:** \$58.80 (includes bus fare)



Excursion

### TUESDAY 17 JANUARY

#### HOYTS CINEMA - MANDARIN CENTRE

Enjoy watching the latest movie release at the cinema. Bring some money and shop at the candy bar for some treats to have during the movie.

**Total Cost of Day:** \$59.50



Excursion

### WEDNESDAY 18 JANUARY

#### YOUTH CENTRE

Our regular trips to the local Youth Centre where you can chill out watching a DVD, play some pool, hit some beats in the music room or have a game on the Xbox. Grab some lunch on the way over.

**Total Cost of Day:** \$49.50



Excursion

### THURSDAY 19 JANUARY

#### CREATIVE PAINTING: SELF-PORTRAIT WORKSHOP

A unique workshop tailored for our group - running out of the newly renovated Willoughby Park Centre under the artful eyes of the talented tutors.

**Public bus:** Depart: 10am/ Return 2.30pm

**Total Cost of Day:** \$66.80 (includes bus fare)



Excursion

### FRIDAY 20 JANUARY

#### PADDLEBOARDING WITH PROKAYAKS

NB. Children must be able to swim unaided. Children will be given a brief talk by staff about water safety and awareness.

**Charter bus:** Depart 10am/ Return 2.30pm

**Total Cost of Day:** \$92



Excursion

## WEEK 6

### MONDAY 23 JANUARY

#### CLIMB FIT @ ARTARMON

Test your strengths and climbing abilities at our local indoor rock climbing centre.

**Train:** Depart: 10am/ Return: 2pm

**Total Cost of the Day:** \$65.00 (includes train fare)



Excursion

### TUESDAY 24 JANUARY

#### YOUTH CENTRE

Our regular trips to the local Youth Centre where you can chill out watching a DVD, play some pool, hit some beats in the music room or have a game on the Xbox. Grab some lunch on the way over.

**Total Cost of Day:** \$49.50



Excursion

### WEDNESDAY 25 JANUARY

#### STRIKEBOWL - LASER SKIRMISH COMBO

Team up with friends for a friendly competition of tenpin bowling and laser skirmish.

**Total Cost of Day:** \$69.50



Excursion

### THURSDAY 26 JANUARY

**CENTRE CLOSED  
PUBLIC HOLIDAY**

### FRIDAY 27 JANUARY

#### SWIMMING @ LANE COVE POOLS

NB. Children must be able to swim unaided. Children will be given a brief talk by staff about water safety and awareness.

**Public bus:** Depart 10am/ Return 2.30pm

**Total Cost of Day:** \$58.80 (includes bus fare)



Excursion

# BEAUCHAMP PARK RECREATIONAL PROGRAM BOOKING FORM

Family Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family ID: \_\_\_\_\_ Total Fee: \_\_\_\_\_ Receipt: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please tick appropriate box: ☐ New Family

Is your family currently enrolled in a Willoughby City Council service? ☐ YES ☐ NO

If so which service? ☐ Devonshire St CC ☐ Artarmon OOSH ☐ Bales Park OOSH ☐ Chatswood OOSH

## WEEK ONE

Day/Date	Children/s names:	
Monday 19 December	1.	DXF
	2.	DXF
	3.	DXF
Tuesday 20 December	1.	
	2.	
	3.	
Wednesday 21 December	1.	DXF
	2.	DXF
	3.	DXF
Thursday 22 December	1.	DXF
	2.	DXF
	3.	DXF
Friday 23 December	1.	DXF
	2.	DXF
	3.	DXF

## WEEK TWO

Day/Date	Children/s names:
26 - 30 December	ALL CENTRES CLOSED

## WEEK THREE

Day/Date	Children/s names:	
Monday 2 January	PUBLIC HOLIDAY CLOSED	
Tuesday 3 January	1.	DXF
	2.	DXF
	3.	DXF
Wednesday 4 January	1.	
	2.	
	3.	
Thursday 5 January	1.	
	2.	
	3.	
Friday 6 January	1.	DXF
	2.	DXF
	3.	DXF

# BEAUCHAMP PARK RECREATIONAL PROGRAM BOOKING FORM

Family Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Family ID: \_\_\_\_\_ Total Fee: \_\_\_\_\_ Receipt: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Please tick appropriate box: ☐ New Family

Is your family currently enrolled in a Willoughby City Council service? ☐ YES ☐ NO

If so which service? ☐ Devonshire St CC ☐ Artarmon OOSH ☐ Bales Park OOSH ☐ Chatswood OOSH

## WEEK FOUR

Day/Date	Children/s names:	
Monday 9 January	1.	DXF
	2.	DXF
	3.	DXF
Tuesday 10 January	1.	
	2.	
	3.	
Wednesday 11 January	1.	DXF
	2.	DXF
	3.	DXF
Thursday 12 January	1.	DXF
	2.	DXF
	3.	DXF
Friday 13 January	1.	DXF
	2.	DXF
	3.	DXF

## WEEK FIVE

Day/Date	Children/s names:	
Monday 16 January	1.	DXF
	2.	DXF
	3.	DXF
Tuesday 17 January	1.	DXF
	2.	DXF
	3.	DXF
Wednesday 18 January	1.	
	2.	
	3.	
Thursday 19 January	1.	DXF
	2.	DXF
	3.	DXF
Friday 20 January	1.	DXF
	2.	DXF
	3.	DXF

## BEAUCHAMP PARK RECREATIONAL PROGRAM BOOKING FORM

<b>Family Name:</b> _____	<b>Phone:</b> _____
<b>Family ID:</b> _____	<b>Total Fee:</b> _____ <b>Receipt:</b> _____
<b>Parent Signature</b> _____	<b>Date</b> _____

**Please tick appropriate box:**    ☐ New Family

**Is your family currently enrolled in a Willoughby City Council service?**    ☐ YES    ☐ NO

**If so which service?**    ☐ Devonshire St CC    ☐ Artarmon OOSH    ☐ Bales Park OOSH    ☐ Chatswood OOSH

### WEEK SIX

Day/Date	Children/s names:	
Monday 23 January	1.	DXF
	2.	DXF
	3.	DXF
Tuesday 24 January	1.	
	2.	
	3.	
Wednesday 25 January	1.	DXF
	2.	DXF
	3.	DXF
Thursday 26 January	PUBLIC HOLIDAY CLOSED	
Friday 27 January	1.	DXF
	2.	DXF
	3.	DXF



## AUTHORISATIONS/ACKNOWLEDGEMENTS

1. I hereby Authorise Willoughby City Council through its employees to administer a single dose of paracetamol elixir, in a quantity and strength as described on the medication bottle that is suitable for a child of the same age, to my child: – where my child is found to have a body temperature exceeding 38.5 degrees and is in pain, discomfort, miserable or the temperature continues to rise, and where staff have attempted to reduce the fever by natural means (as per procedure). Attempts will be made to contact parents prior to implementing this procedure.	Yes / No
2. I authorise the obtaining of medical assistance by a registered medical practitioner, hospital or ambulance service, including transportation by ambulance, in the event that my child requires assistance following an accident/illness or trauma. I agree to meet any expenses incurred.	Yes / No
3. I acknowledge that my child will receive reasonable care and attention whilst attending the recreational program.	Yes / No
4. I give permission for the staff to take and use photos of my child/ren. These photos will be of the children in everyday activities and may be used for the centre's Newsletters, Brochures, School Orientations or Council displays.	Yes / No
5. My child/ren can watch M rated movies. (My child/ren can watch M rated movies (Staff will check the appropriateness of M rated movies each holiday period).	Yes / No
6. I understand that in the event of an outbreak of a vaccine-preventable disease the parents of children not immunised will be advised to keep their children home for the duration of the outbreak, under the advisement of the Public Health Unit. Fees are still payable during this time.	Yes / No
7. I acknowledge that once I make my booking for recreational program that I am not entitled to any refunds or credits, should I cancel my child/rens bookings (except under extreme/extenuating circumstances on application to the nominated supervisor).	Yes / No
8. In the event my/our child requires First Aid, it will be administered by an educator who holds a current First Aid Certificate.	Yes / No
9. - My child is in Year 5 or Year 6 and can sign him/herself in and out of the centre. (To be further discussed with Nominated Supervisor). - My child is in High School and can sign him/herself in and out of the centre. - My child can attend water excursions and can swim at least 25 meters.	Yes / No Yes / No Yes / No

I have read and accepted the above information, the terms and conditions of enrolment. I have answered ALL the questions above. Yes / No

I understand that it is a legal requirement for the recreational program to obtain the information on the enrolment form, (as required under the Education and Care Services National Regulations) and the information I have provided is true and correct. Yes / No

I have been given and have signed a copy of councils privacy collection statement and the information I have provided is true and correct. Yes / No

☐ Privacy collection statement has been provided with previous enrolment.

I understand that it is my responsibility to notify council of any changes to mine or my childrens details and emergency contacts. Yes / No

Parent/Guardian Name \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## EXCURSION AUTHORISATIONS:

To be completed at the time of enrolment/booking in order for your child/ren to attend scheduled outings.

### LOCAL EXCURSIONS:

I hereby give permission for my child (named above) to attend the following local excursions:

- Chatswood Youth Centre – Corner of Albert and Victor Street Chatswood
- Chatswood Westfield Shopping Centre, Anderson Street Chatswood
- Chatswood Chase Shopping Centre, Anderson Street Chatswood
- Beauchamp Park Oval and Park, Nicholson Street Chatswood

Name of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### MAJOR EXCURSIONS:

I hereby give permission for my child (named above) to attend the following excursions:

- Monday 19 December - Hoyts Cinema at Mandarin Centre, Chatswood
- Tuesday 20 December - Chatswood Youth Centre
- Wednesday 21 December - Lane Cove Pools, Lane Cove
- Thursday 22 December - Macquarie Ice Rink, Macquarie Shopping Centre
- Friday 23 December - Pancakes on the Rocks, City

#### **CLOSED Monday 26 December - Friday 30 December 2016**

- Monday 2 January - Centre closed
- Tuesday 3 January - Strikebowl/Laser Skirmish at Mandarin Shopping Centre, Chatswood
- Wednesday 4 January - Chatswood Youth Centre
- Thursday 5 January - Trip to Chatswood Shopping Centre
- Friday 6 January - Lane Cove Pools, Lane Cove
- Monday 9 January - Paddle boarding/Kayaking, Narrabeen Lakes
- Tuesday 10 January - Chatswood Youth Centre, Chatswood
- Wednesday 11 January - Luna Park, Milsons Point
- Thursday 12 January - ClimbFit, Artarmon
- Friday 13 January - Macquarie Ice Rink at Macquarie Shopping Centre, North Ryde
- Monday 16 January - Lane Cove Pools, Lane Cove
- Tuesday 17 January - Hoyts Cinema at Mandarin Shopping Centre, Chatswood
- Wednesday 18 January - Chatswood Youth Centre
- Thursday 19 January - Creative Painting at Willoughby Park Centre, Willoughby
- Friday 20 January - Paddle boarding/Kayaking, Narrabeen Lakes
- Monday 23 January - Climbfit, Artarmon
- Tuesday 24 January - Chatswood Youth Centre
- Wednesday 25 January - Strikebowl/Laser Skirmish at Mandarin Shopping Centre, Chatswood
- Thursday 26 January - Centre closed
- Friday 27 January - Lane Cove Pools, Lane Cove

Name of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## AUTHORISATIONS/ACKNOWLEDGEMENTS

1. I hereby Authorise Willoughby City Council through its employees to administer a single dose of paracetamol elixir, in a quantity and strength as described on the medication bottle that is suitable for a child of the same age, to my child: – where my child is found to have a body temperature exceeding 38.5 degrees and is in pain, discomfort, miserable or the temperature continues to rise, and where staff have attempted to reduce the fever by natural means (as per procedure). Attempts will be made to contact parents prior to implementing this procedure.	Yes / No
2. I authorise the obtaining of medical assistance by a registered medical practitioner, hospital or ambulance service, including transportation by ambulance, in the event that my child requires assistance following an accident/illness or trauma. I agree to meet any expenses incurred.	Yes / No
3. I acknowledge that my child will receive reasonable care and attention whilst attending the recreational program.	Yes / No
4. I give permission for the staff to take and use photos of my child/ren. These photos will be of the children in everyday activities and may be used for the centre's Newsletters, Brochures, School Orientations or Council displays.	Yes / No
5. My child/ren can watch M rated movies. (My child/ren can watch M rated movies (Staff will check the appropriateness of M rated movies each holiday period).	Yes / No
6. I understand that in the event of an outbreak of a vaccine-preventable disease the parents of children not immunised will be advised to keep their children home for the duration of the outbreak, under the advisement of the Public Health Unit. Fees are still payable during this time.	Yes / No
7. I acknowledge that once I make my booking for recreational program that I am not entitled to any refunds or credits, should I cancel my child/rens bookings (except under extreme/extenuating circumstances on application to the nominated supervisor).	Yes / No
8. In the event my/our child requires First Aid, it will be administered by an educator who holds a current First Aid Certificate.	Yes / No
9. - My child is in Year 5 or Year 6 and can sign him/herself in and out of the centre. (To be further discussed with Nominated Supervisor). - My child is in High School and can sign him/herself in and out of the centre. - My child can attend water excursions and can swim at least 25 meters.	Yes / No Yes / No Yes / No

I have read and accepted the above information, the terms and conditions of enrolment. I have answered ALL the questions above. Yes / No

I understand that it is a legal requirement for the recreational program to obtain the information on the enrolment form, (as required under the Education and Care Services National Regulations) and the information I have provided is true and correct. Yes / No

I have been given and have signed a copy of councils privacy collection statement and the information I have provided is true and correct. Yes / No

☐ Privacy collection statement has been provided with previous enrolment.

I understand that it is my responsibility to notify council of any changes to mine or my childrens details and emergency contacts. Yes / No

Parent/Guardian Name \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## EXCURSION AUTHORISATIONS:

To be completed at the time of enrolment/booking in order for your child/ren to attend scheduled outings.

### LOCAL EXCURSIONS:

I hereby give permission for my child (named above) to attend the following local excursions:

- Chatswood Youth Centre – Corner of Albert and Victor Street Chatswood
- Chatswood Westfield Shopping Centre, Anderson Street Chatswood
- Chatswood Chase Shopping Centre, Anderson Street Chatswood
- Beauchamp Park Oval and Park, Nicholson Street Chatswood

Name of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### MAJOR EXCURSIONS:

I hereby give permission for my child (named above) to attend the following excursions:

- Monday 19 December - Hoyts Cinema at Mandarin Centre, Chatswood
- Tuesday 20 December - Chatswood Youth Centre
- Wednesday 21 December - Lane Cove Pools, Lane Cove
- Thursday 22 December - Macquarie Ice Rink, Macquarie Shopping Centre
- Friday 23 December - Pancakes on the Rocks, City

#### **CLOSED Monday 26 December - Friday 30 December 2016**

- Monday 2 January - Centre closed
- Tuesday 3 January - Strikebowl/Laser Skirmish at Mandarin Shopping Centre, Chatswood
- Wednesday 4 January - Chatswood Youth Centre
- Thursday 5 January - Trip to Chatswood Shopping Centre
- Friday 6 January - Lane Cove Pools, Lane Cove
- Monday 9 January - Paddle boarding/Kayaking, Narrabeen Lakes
- Tuesday 10 January - Chatswood Youth Centre, Chatswood
- Wednesday 11 January - Luna Park, Milsons Point
- Thursday 12 January - ClimbFit, Artarmon
- Friday 13 January - Macquarie Ice Rink at Macquarie Shopping Centre, North Ryde
- Monday 16 January - Lane Cove Pools, Lane Cove
- Tuesday 17 January - Hoyts Cinema at Mandarin Shopping Centre, Chatswood
- Wednesday 18 January - Chatswood Youth Centre
- Thursday 19 January - Creative Painting at Willoughby Park Centre, Willoughby
- Friday 20 January - Paddle boarding/Kayaking, Narrabeen Lakes
- Monday 23 January - Climbfit, Artarmon
- Tuesday 24 January - Chatswood Youth Centre
- Wednesday 25 January - Strikebowl/Laser Skirmish at Mandarin Shopping Centre, Chatswood
- Thursday 26 January - Centre closed
- Friday 27 January - Lane Cove Pools, Lane Cove

Name of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## AUTHORISATIONS/ACKNOWLEDGEMENTS

1. I hereby Authorise Willoughby City Council through its employees to administer a single dose of paracetamol elixir, in a quantity and strength as described on the medication bottle that is suitable for a child of the same age, to my child: – where my child is found to have a body temperature exceeding 38.5 degrees and is in pain, discomfort, miserable or the temperature continues to rise, and where staff have attempted to reduce the fever by natural means (as per procedure). Attempts will be made to contact parents prior to implementing this procedure.	Yes / No
2. I authorise the obtaining of medical assistance by a registered medical practitioner, hospital or ambulance service, including transportation by ambulance, in the event that my child requires assistance following an accident/illness or trauma. I agree to meet any expenses incurred.	Yes / No
3. I acknowledge that my child will receive reasonable care and attention whilst attending the recreational program.	Yes / No
4. I give permission for the staff to take and use photos of my child/ren. These photos will be of the children in everyday activities and may be used for the centre's Newsletters, Brochures, School Orientations or Council displays.	Yes / No
5. My child/ren can watch M rated movies. (My child/ren can watch M rated movies (Staff will check the appropriateness of M rated movies each holiday period).	Yes / No
6. I understand that in the event of an outbreak of a vaccine-preventable disease the parents of children not immunised will be advised to keep their children home for the duration of the outbreak, under the advisement of the Public Health Unit. Fees are still payable during this time.	Yes / No
7. I acknowledge that once I make my booking for recreational program that I am not entitled to any refunds or credits, should I cancel my child/rens bookings (except under extreme/extenuating circumstances on application to the nominated supervisor).	Yes / No
8. In the event my/our child requires First Aid, it will be administered by an educator who holds a current First Aid Certificate.	Yes / No
9. - My child is in Year 5 or Year 6 and can sign him/herself in and out of the centre. (To be further discussed with Nominated Supervisor). - My child is in High School and can sign him/herself in and out of the centre. - My child can attend water excursions and can swim at least 25 meters.	Yes / No Yes / No Yes / No

I have read and accepted the above information, the terms and conditions of enrolment. I have answered ALL the questions above. Yes / No

I understand that it is a legal requirement for the recreational program to obtain the information on the enrolment form, (as required under the Education and Care Services National Regulations) and the information I have provided is true and correct. Yes / No

I have been given and have signed a copy of councils privacy collection statement and the information I have provided is true and correct. Yes / No

☐ Privacy collection statement has been provided with previous enrolment.

I understand that it is my responsibility to notify council of any changes to mine or my childrens details and emergency contacts. Yes / No

Parent/Guardian Name \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## EXCURSION AUTHORISATIONS:

**To be completed at the time of enrolment/booking in order for your child/ren to attend scheduled outings.**

### LOCAL EXCURSIONS:

I hereby give permission for my child (named above) to attend the following local excursions:

- Chatswood Youth Centre – Corner of Albert and Victor Street Chatswood
- Chatswood Westfield Shopping Centre, Anderson Street Chatswood
- Chatswood Chase Shopping Centre, Anderson Street Chatswood
- Beauchamp Park Oval and Park, Nicholson Street Chatswood

Name of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### MAJOR EXCURSIONS:

I hereby give permission for my child (named above) to attend the following excursions:

- Monday 19 December - Hoyts Cinema at Mandarin Centre, Chatswood
- Tuesday 20 December - Chatswood Youth Centre
- Wednesday 21 December - Lane Cove Pools, Lane Cove
- Thursday 22 December - Macquarie Ice Rink, Macquarie Shopping Centre
- Friday 23 December - Pancakes on the Rocks, City

#### **CLOSED Monday 26 December - Friday 30 December 2016**

- Monday 2 January - Centre closed
- Tuesday 3 January - Strikebowl/Laser Skirmish at Mandarin Shopping Centre, Chatswood
- Wednesday 4 January - Chatswood Youth Centre
- Thursday 5 January - Trip to Chatswood Shopping Centre
- Friday 6 January - Lane Cove Pools, Lane Cove
- Monday 9 January - Paddle boarding/Kayaking, Narrabeen Lakes
- Tuesday 10 January - Chatswood Youth Centre, Chatswood
- Wednesday 11 January - Luna Park, Milsons Point
- Thursday 12 January - ClimbFit, Artarmon
- Friday 13 January - Macquarie Ice Rink at Macquarie Shopping Centre, North Ryde
- Monday 16 January - Lane Cove Pools, Lane Cove
- Tuesday 17 January - Hoyts Cinema at Mandarin Shopping Centre, Chatswood
- Wednesday 18 January - Chatswood Youth Centre
- Thursday 19 January - Creative Painting at Willoughby Park Centre, Willoughby
- Friday 20 January - Paddle boarding/Kayaking, Narrabeen Lakes
- Monday 23 January - Climbfit, Artarmon
- Tuesday 24 January - Chatswood Youth Centre
- Wednesday 25 January - Strikebowl/Laser Skirmish at Mandarin Shopping Centre, Chatswood
- Thursday 26 January - Centre closed
- Friday 27 January - Lane Cove Pools, Lane Cove

Name of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

# Recreational Program Updated details form - For existing families

## Child Information

Name:

Mobile:

Home Address:

Home Telephone Number:

## Parent / Guardian Information

### Parent / Guardian One

Name:

Gender: Male / Female

Home Address (if different to child's details):

Home Phone Number:

Mobile Number:

Email Address:

Work Telephone Number:

### Parent / Guardian Two

Name:

Gender: Male / Female

Home Address (if different to child's details):

Home Phone Number:

Mobile Number:

Email Address:

Work Telephone Number:

## Health/Medical Information

### Child 1

Childs name: .....

Does your child have any medical conditions we should know about? Yes / No

If yes, please specify.....

If your child has **asthma** or is **anaphylactic** please refer to the enrolment form.

Signature:.....

Date:.....

### Child 2

Childs name: .....

Does your child have any medical conditions we should know about? Yes / No

If yes, please specify.....

If your child has **asthma** or is **anaphylactic** please refer to the enrolment form.

Signature:.....

Date:.....

### Child 3

Childs name: .....

Does your child have any medical conditions we should know about? Yes / No

If yes, please specify.....

If your child has **asthma** or is **anaphylactic** please refer to the enrolment form.

Signature:.....

Date:.....

# Recreational Program Updated details form - For existing families

## Child Care Benefit Information

CCB Claimant: ..... CRN: ..... D.O.B .....

Do you have other children (not enrolled at this service) in an approved child care services? Yes / No

Childs Name:..... Date of Birth.....CRN.....

Childs Name:..... Date of Birth.....CRN.....

## Nominated Contact Persons

- By giving the details of at least two nominated contact people, you are permitting the centre to contact these persons in case of an emergency where parents / guardians cannot be contacted.
- An emergency may include failure by the parent/guardian to collect the child from the Centre prior to closing time, or in the case of accident or illness.
- This means they are authorised to be contacted and collect the child without any further permission from the parents/guardians.
- To prevent confusion, it is requested that the parents/guardians advise the Centre in writing whenever these persons will be collecting the child.
- Please select by ticking the appropriate box which areas of authorisation you permit for each contact person.

Contact 1 (Must be different to parents)	Contact 2 (Must be different to parents)
Name:	Name:
Relationship to the child:	Relationship to the child:
Date of Birth:	Date of Birth:
Home Number:	Home Number:
Mobile Number:	Mobile Number:
Work Number:	Work Number:
<b>Authorised to:</b> <input type="checkbox"/> collect child <input type="checkbox"/> sign excursion permission <input type="checkbox"/> approve administration of medication <input type="checkbox"/> approve seeking of medical treatment <input type="checkbox"/> be contacted in emergency	<b>Authorised to:</b> <input type="checkbox"/> collect child <input type="checkbox"/> sign excursion permission <input type="checkbox"/> approve administration of medication <input type="checkbox"/> approve seeking of medical treatment <input type="checkbox"/> be contacted in emergency
<b>NOTE:</b> This section must be signed by both parents/guardians if the child resides with more than one parent/guardian.	
Signature:	Signature:
Date:	Date:

# Enrolment Form - New Families Only

Is your family currently enrolled in a Willoughby City Council service? ☐ YES ☐ NO

If so which service?

☐ Devonshire St CC ☐ Artarmon OOSH ☐ Bales Park OOSH ☐ Chatswood OOSH

## Parent /Guardian 1 - MUST BE CCB CLAIMANT

Relationship to Child (*circle whichever applies*) Mother / Father / Guardian

☐ Mr ☐ Mrs ☐ Ms ☐ Miss

Surname ..... Given Names .....

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ CRN ..... ☐ Previously Provided

E-mail: .....

Home Address ..... Suburb.....

Postcode ..... Place of employment.....

Home..... Mobile..... Work.....

Country of Birth..... Primary language spoken at home.....

## Parent /Guardian 2

Relationship to Child (*circle whichever applies*) Mother / Father / Guardian

☐ Mr ☐ Mrs ☐ Ms ☐ Miss

Surname ..... Given Names .....

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ CRN ..... ☐ Previously Provided

E-mail: .....

Home Address ..... Suburb.....

Postcode ..... Place of employment.....

Home..... Mobile..... Work.....

Country of Birth..... Primary language spoken at home.....

## Medical Information

Nominated Health Practitioner/Doctors Name .....

Phone ..... Address.....

Private Health Insurance number ..... Medicare number .....

# Nominated Contact Persons - New Families Only

## Child Care Benefit Information

Do you have other children (not enrolled at this service) enrolled in an approved child care services?  
Yes/No

Childs Name:..... Date of Birth.....CRN.....

Childs Name:..... Date of Birth.....CRN.....

The following persons may be contacted in the event that we are not able to contact parents;  
Please select by ticking the appropriate box which areas of authorisation you permit for each  
contact person.

### Contact 1

(Must be different to parents) Relationship to Child.....

Name..... Address: .....Post code.....

Home phone..... Work Phone ..... Mobile .....

Authorised to: ☐ collect child ☐ sign excursion permission ☐ approve administration of medication

☐ approve seeking of medical treatment ☐ be contacted in emergency

### Contact 2

(Must be different to parents) Relationship to Child.....

Name..... Address: .....Post code.....

Home phone..... Work Phone ..... Mobile .....

Authorised to: ☐ collect child ☐ sign excursion permission ☐ approve administration of medication

☐ approve seeking of medical treatment ☐ be contacted in emergency

### Contact 3

(Must be different to parents) Relationship to Child.....

Name..... Address: .....Post code.....

Home phone..... Work Phone ..... Mobile .....

Authorised to: ☐ collect child ☐ sign excursion permission ☐ approve administration of medication

☐ approve seeking of medical treatment ☐ be contacted in emergency

# Child 1 - New Families Only

Surname: ..... Given Name: .....

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: ☐ Male ☐ Female CRN ..... ☐ Previously Provided

Home Address ..... Suburb: .....

Postcode ..... School Attending: ..... Mobile: .....

☐ Immunised ☐ Not Immunised

Country of Birth: ..... Primary Language: .....

Dietary considerations .....

Important Cultural or Religious Customs/considerations: .....

Are there any Australian Court Orders relating to this Child? ☐ Yes ☐ No

If yes, please give details & provide copies of the court order to the Director (Attached) ☐ Yes ☐ No

Has child been diagnosed as at risk of anaphylaxis ☐ Yes ☐ No

Please specify and outline symptoms of a reaction and treatment required:

.....

Please provide a treatment Action plan developed by your child's doctor for on going medical conditions and discuss this further with the Director. Sighted by director \_\_\_\_\_(sign)

Has child been diagnosed as Asthmatic ☐ Yes ☐ No

Please specify and outline symptoms of a reaction and treatment required:

.....

Please provide a treatment Action plan developed by your child's doctor for on going medical conditions and discuss this further with the Director. Sighted by director \_\_\_\_\_(sign)

Other known Allergies ☐ Yes ☐ No Please specify and outline symptoms of a reaction & treatment

.....

Other medical condition/s (please specify) .....

.....

**Special Considerations:** Does your child have any of the following additional needs? Please circle Autism, Attention Deficit Disorder, Down Syndrome, Epilepsy, Communication Delay, Physical Delay, Social/emotional/visual/auditory or intellectual impairment Other \_\_\_\_\_

Details of any intervention service working with your child: .....

# Child 2 - New Families Only

Surname: ..... Given Name: .....

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: ☐ Male ☐ Female CRN ..... ☐ Previously Provided

Home Address ..... Suburb: .....

Postcode ..... School Attending: ..... Mobile: .....

☐ Immunised ☐ Not Immunised

Country of Birth: ..... Primary Language: .....

Dietary considerations .....

Important Cultural or Religious Customs/considerations: .....

Are there any Australian Court Orders relating to this Child? ☐ Yes ☐ No

If yes, please give details & provide copies of the court order to the Director (Attached) ☐ Yes ☐ No

Has child been diagnosed as at risk of anaphylaxis ☐ Yes ☐ No

Please specify and outline symptoms of a reaction and treatment required:

.....

Please provide a treatment Action plan developed by your child's doctor for on going medical conditions and discuss this further with the Director. Sighted by director \_\_\_\_\_(sign)

Has child been diagnosed as Asthmatic ☐ Yes ☐ No

Please specify and outline symptoms of a reaction and treatment required:

.....

Please provide a treatment Action plan developed by your child's doctor for on going medical conditions and discuss this further with the Director. Sighted by director \_\_\_\_\_(sign)

Other known Allergies ☐ Yes ☐ No Please specify and outline symptoms of a reaction & treatment

.....

Other medical condition/s (please specify) .....

.....

**Special Considerations:** Does your child have any of the following additional needs? Please circle Autism, Attention Deficit Disorder, Down Syndrome, Epilepsy, Communication Delay, Physical Delay, Social/emotional/visual/auditory or intellectual impairment Other \_\_\_\_\_

Details of any intervention service working with your child: .....

# Child 3 - New Families Only

Surname: ..... Given Name: .....

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Sex: ☐ Male ☐ Female CRN ..... ☐ Previously Provided

Home Address ..... Suburb: .....

Postcode ..... School Attending: ..... Mobile: .....

☐ Immunised ☐ Not Immunised

Country of Birth: ..... Primary Language: .....

Dietary considerations .....

Important Cultural or Religious Customs/considerations: .....

Are there any Australian Court Orders relating to this Child? ☐ Yes ☐ No

If yes, please give details & provide copies of the court order to the Director (Attached) ☐ Yes ☐ No

Has child been diagnosed as at risk of anaphylaxis ☐ Yes ☐ No

Please specify and outline symptoms of a reaction and treatment required:

.....

Please provide a treatment Action plan developed by your child's doctor for on going medical conditions and discuss this further with the Director. Sighted by director \_\_\_\_\_(sign)

Has child been diagnosed as Asthmatic ☐ Yes ☐ No

Please specify and outline symptoms of a reaction and treatment required:

.....

Please provide a treatment Action plan developed by your child's doctor for on going medical conditions and discuss this further with the Director. Sighted by director \_\_\_\_\_(sign)

Other known Allergies ☐ Yes ☐ No Please specify and outline symptoms of a reaction & treatment

.....

Other medical condition/s (please specify) .....

.....

**Special Considerations:** Does your child have any of the following additional needs? Please circle Autism, Attention Deficit Disorder, Down Syndrome, Epilepsy, Communication Delay, Physical Delay, Social/emotional/visual/auditory or intellectual impairment Other \_\_\_\_\_

Details of any intervention service working with your child: .....



# Children's & Youth Services

## Privacy Collection Statement

Willoughby City Council is committed to maintaining all personal information provided by its children, families, staff, management, volunteers, students and community.

This will be done in accordance with:

- Children's Services 'Governance, Management and Confidentiality of Records Policy (1.8)'
- Council's 'Confidential Information Policy'
- Council's 'Information Management Policy'
- 'State Records Act 1998'
- 'State Records Regulations 2010'
- 'Privacy Act 1988'
- 'Local Government Act 1993'.

Each family, staff, volunteer and student is provided with a privacy collection statement upon enrolment or commencement of employment.

This statement outlines the type of personal information collected by Council and how information is acquired, used and shared. For detailed information contact us on (02) 9777 7981 or **[childserv@willoughby.nsw.gov.au](mailto:childserv@willoughby.nsw.gov.au)**

### Why does Council collect your personal information?

As a requirement under:

- Family Assistance Law
- NSW Public Health Act 2010
- Education and Care Services National Law Act
- Education and Care Services National Regulations
- Local Government Act 1993
- State Records Regulations 2010
- State Records Act 1998
- Privacy Act 1988

### What personal information is collected?

- Medical information, health and immunisation
- Contact details of family and emergency contact information
- Children's developmental records
- Family Assistance information
- Employment, marital status and nationality
- Legal information
- Qualifications
- Working with Children Check
- Staff entitlements
- Any other information not stated above required to be recorded under above stated requirements

# Children's & Youth Services

## Privacy Collection Statement

### What happens with personal information?

Information collected by Council may be made available to designated officers within the Council's Children's Services Branch, Help & Service and Financial Services Branch; Authorised Officers from the NSW Department of Family & Community Services and the Department of Education; Authorised Officers from the Australian Government Department of Education and Training, Department of Employment, Department of Human Services and Department of Social Services.

### What happens if you do not provide us with the information?

If you cannot provide or do not wish to provide the information sought Council cannot accept enrolment of your child in its Education and Care Services.

### How can you gain access to your information and make changes if it is not accurate?

You may make application for access or amendment to information held by Council. Individuals requiring access to, or wanting to update personal information, can contact the service their child is enrolled in directly or contact Council Children's Services Branch on 9777 7981.

### Where is personal information stored?

Personal information is stored in a safe and secure manner, using locked filing cabinets or a password protected database and computer. Information is backed up electronically and stored securely. Data will not be altered or destroyed except in extraordinary circumstances.

Hard copy information is stored at the service or Willoughby City Council, which is secured to prevent entry by unauthorised people. Any personal information not actively being used may be archived, in accordance with regulatory requirements.

Personal information will remain on the service database indefinitely until personally advised by a customer that information is to be removed, unless information has been archived or destroyed at an earlier date in accordance with privacy law and regulatory requirements.

### Contact Details

Council is the agency that holds the information for the purposes of the Privacy Act.

Enquiries concerning this matter can be addressed to Council's Public Officer on (02) 9777 1000.

### Consent Declaration

- ☐ I give my consent to Willoughby City Council's Children's Services to collect and use my personal and sensitive information as stated on the Privacy Collection Statement.
- ☐ I have read and understood the Privacy Collection Statement.
- ☐ I have been given the opportunity to clarify any information in the Privacy Collection Statement Notice that I do not understand.

Full Name of person signing this declaration: \_\_\_\_\_

Child's name (if applicable): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

31 Victor Street, Chatswood NSW 2067  
PO Box 57, Chatswood NSW 2057  
Ph (02) 9777 1000 Fax (02) 9777 1038  
Email: email@willoughby.nsw.gov.au  
Web: www.willoughby.nsw.gov.au  
ABN 47 974 826 099



## CREDIT CARD AUTHORISATION

(MASTERCARD AND VISA ONLY)

Attention: \_\_\_\_\_

From: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_. Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Date: \_\_\_\_\_

I authorise Willoughby City Council to debit my credit card for the amount of \$ \_\_\_\_\_

for payment of \_\_\_\_\_

\_\_\_\_\_

Credit card type: ☐ Mastercard ☐ Visa

Credit card number:

Expiry date:

Card holder's name: \_\_\_\_\_

Card holder's signature: \_\_\_\_\_

**PLEASE NOTE:**  
A 1% Service Fee applies when  
payment is made by Credit Card