

# Register your child/children for the Woori Yallock September Vacation Care Program



## September 2023 Woori Yallock Vacation Care Enrolment and Procedures

Vacation Care bookings can now be made by contacting the Mount Evelyn Primary School OSHC office. Forms must be completed in full and can be submitted directly to the OSHC office or emailed to [oshwoori@mtevelynps.vic.edu.au](mailto:oshwoori@mtevelynps.vic.edu.au). Processing will occur from Monday, 10<sup>th</sup> July 2023 and you will receive a booking confirmation, statement and invoice.

**PAYMENT IN FULL MUST BE RECEIVED BY 6.30PM ON MONDAY, 11<sup>th</sup> September 2023.**

CURRENT USERS OF BEFORE & AFTER SCHOOL CARE WILL HAVE THE FEES ADDED TO THEIR EXISTING ACCOUNTS.

ALL OTHER ACCOUNTS MUST BE PAID IN FULL. PAYMENTS CAN BE MADE USING OUR QKR APP OR EFTPOS IN OSHC SERVICE.

BOOKING CANCELLATIONS WILL NOT BE REFUNDED, (UNLESS OTHERWISE SOLD) AND ONLY THEN WILL ACCOUNTS WILL BE CREDITED.

**NO CASH PAYMENTS OR REFUNDS.**

Mt Evelyn PS Combined Vacation Care Cost: \$120.00 per day less your CCS subsidy.

Mt. Evelyn Primary School OSHC/Vacation Care is an approved childcare provider and is eligible to offer CCS fee deductions. Please contact Centrelink on 13 61 50 for further information. You must provide your CRN numbers upon enrolment for any CCS subsidy to apply. The My Gov account for your family must be current and an activity statement completed for you to receive the CCS subsidy.

Program Hours: 6:30am – 6:30pm

Attendance is requested during the core program hours of 9am – 4.30 pm. Children on excursions must be in attendance by 8.30am and will return to Woori Yallock Primary School before 4.30pm.

## **CONDITIONS OF ENROLMENT**

Please Note - This program is only available to children currently attending a primary school.

No child shall be accepted into the program without A COMPLETED ENROLMENT FORM, ALLERGY FORMS COMPLETED MEDICAL ACTION PLAN, A COPY OF THEIR IMMUNIZATION RECORDS and ALL MONIES OWING PAID IN FULL. No cash refunds will be issued.

A refund will only be credited to your account if a medical certificate outlining details of your child's inability to attend the program is provided within 7 days of your child's absence from the program. Any cancellation, once the booking has been submitted, will be charged accordingly unless your child's position can be filled by another family on the waiting list for the day or days cancelled. Lunch, snacks, drinks & hats are to be supplied daily by the parent/guardian.

A change of clothing appropriate to the weather is recommended. The wearing of hats is compulsory during the months of September through to April. It is also a requirement that children be dressed in enclosed shoes at all times.

- All medication is to be handed to qualified staff upon arrival each day. This must be in the original container bearing the original label and the child's full name. An authorization medical form must be completed.
- Non-essential/personal items including toys, electronic games, jewellery and money are not permitted at the program unless otherwise specified. No responsibility will be taken by staff or the program for loss or damage of such items.
- If a child's conduct is perceived as inappropriate or endangering, the coordinator/nominated supervisor reserves the right to engage in a discussion with the family to determine the appropriate response and a way forward.
- Children are required to be present by 8.45am on excursion days.
- Children must be collected no later than 6:30pm or a late fee will apply

## Register your child/ren for the September program

1. **Child's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_

Name of current school attended: \_\_\_\_\_

2. **Child's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_

Name of current school attended: \_\_\_\_\_

3. **Child's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_

Name of current school attended: \_\_\_\_\_

**Address:** \_\_\_\_\_ Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Contact phone numbers:** (whilst your child is in attendance at Mt. Evelyn Primary School OSHC)

\_\_\_\_\_

I, \_\_\_\_\_, being parent/guardian of the above named child have sighted the Risk Assessments for the excursions on on Tuesday 19<sup>th</sup> September Reading Cinemas, Thursday 21<sup>st</sup> September Twisted Science, Monday 25<sup>th</sup> September Werribee Zoo and Wednesday 27<sup>th</sup> September GAMR. hereby provide consent for my child/ren to attend these outings as scheduled.

Please tick & sign if your child is attending the excursions listed below.

Tuesday 19 <sup>th</sup> September	Thursday 21 <sup>st</sup> September	Monday 25 <sup>th</sup> September	Wednesday 27 <sup>th</sup> September
Reading Cinemas	Twisted Science	Werribee Zoo	GAMR

Parent/Guardian signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I agree to all enrolment and fee payment conditions.

Please note this booking will not be validated without your signature.

As part of your enrolment at our service, we require you to confirm acceptance of the above placement in order to be able to receive Government Funding on your behalf. Acceptance of these items as well as some of the information in the enrolment form can be used as a Complying Written Arrangement for Child Care Subsidy purposes. Please read these items and confirm by signing below.

**I confirm:**

- My details on the enrolment form, as well as the details of the child/ren I am enrolling are correct.
- I have agreed to days of care within the service and understand the start and finish times of these sessions of care.
- Care maybe provided on a casual or permanent basis where available at my service at my request.
- I have provided the service with current workers permits.
- An absence on the first or last day of program means Centrelink will remove the CCS subsidy from your account, unless the placement can be filled or a doctor's certificate is given to service.
- I understand I am liable to pay fees for the care of my child as indicated above and, if applicable, in other information the service has given me (such as parent pack) which may be subject to change over time based on advice from the provider and acceptance by me.

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