Primary School Holiday Program Booking Form

BOOKING DETAILS

1) Have you completed the 2015 Registration Form?
2) Complete ALL the questions below and sign the Parent Declaration (on reverse)
3) Mark dates in order of preference
4) Submit this booking form by 4pm Friday 5th December 2014. Applications close on this date.
5) All payments and any cancellations need to be submitted by 12th December 2014.

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

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

What best describes your family? Complete the below details:

SOLE PARENT:
☐ Working/Studying address ……………………………………………………………………………………………………………………………
☐ Not working

TWO PARENTS:
☐ Both Working/Studying addresses ……………………………………………………………………………………………………………………………
☐ One parent Working/Studying address ……………………………………………………………………………………………………………………………
☐ Not working

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

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

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# PARENT/GUARDIAN DECLARATION

Please Complete and Sign

1. **insert Parent/Guardian Name in BLOCK CAPITALS**

- Being a person of lawful authority 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 in writing 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;
- 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)

Parent 2 Signature: ................................................................. Dated: ........../ ......./ ..............

| 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.