

Burgmann School Holiday Program General Information

Dates

Monday 12– Friday 23 April 2010

Location

Burgmann Anglican School
Cnr Gungahlin Drive and the Valley Ave
Gungahlin, ACT

PHONE: 0450 840 336

EXCURSIONS: 0450 840 336

Hours: 8.00 am to 6.00 pm daily (excluding public holidays). Late fee of \$20.00 for every 15 minutes will be charged for each child collected after 6.00 pm.

Fees: \$52.00 for a single day, per child. Enrolment will not be accepted unless payment is made. No refunds will be given for cancellations without a Doctor's Certificate.

Bookings: Your child/ren must be enrolled each school holidays. Advance bookings will ensure your child has a place in the program, as places are limited. This also allows for appropriate planning, roster of staff and bookings to excursion venues.

Enquires can be made at the Ngunnawal Child Care and Education Centre on 6241 0203 or by email necc@commsatwork.org

Child Care Benefit:

We encourage all families to be assessed for CCB eligibility, as most families are entitled for minimum assistance. Parents can either claim CCB entitlement as a lump sum at the end of the financial year.

Families can contact the **Family Assistance Office** by visiting a Centrelink, Medicare or ATO office. Alternatively Family Assistance contact number is **13 61 50** or visit the website www.familyassist.gov.au

Full payment will be required until your Assessment Notice has been received; adjustments will be made on receipt of the notice from the Family Assistance Office

Excursion Fees: Excursions on the Program, unless otherwise mentioned, are part of the daily activities and are not optional. Permission is required for all excursions. (Outdoor excursions are liable to change at short notice, depending on weather conditions.)

Meals and Snacks: A Nutritious packed morning and afternoon tea, lunch and drinks are to be provided by families.

Attendance: If your child/ren are unable to attend the program due to illness or other reasons you need to contact the School Age Care Coordinator on **0450 840 336** or email: Burgmann@commsatwork.org

Eligibility: According to Government guidelines, only children attending **Primary school** are eligible to attend the Holiday Program. Kindy children must be enrolled at school to attend the Holiday Program.

Sun Protection: Communities@Work Programs are SunSmart services. We implement a **"No Hat, No Play"** rule from August to May. Children are only allowed outside wearing a "wide brimmed", "legionnaire style" or "bucket style" hat and clothing that **covers their shoulders**. No singlet's please.

Contact Details:

Ngunnawal Child Care & Education Centre
Wanganeen Avenue
NGUNNAWAL ACT 2913

Phone: 6241 0203

Email: necc@commsatwork.org

Web: www.commsatwork.org

Burgmann School Holiday Program Enrolment Form Monday 12 – Friday 23 April 2010

Ngunnawal Child Care and Education Centre Telephone: (02) 6241 0203 Fax: (02) 6241 0205
EMAIL: necc@commsatwork.org WEB ADDRESS: www.commsatwork.org

ENROLMENTS – (FOR PRIMARY SCHOOL CHILDREN ONLY)

PAYMENT TO BE MADE AT TIME OF ENROLMENT

Parent/Guardian must complete this form. Please complete ALL INFORMATION on BOTH SIDES of this application.

Parent's Centrelink Reference Number: - -

Please call the Family Assistance Office (FAO) on 13 61 50 to obtain your Centrelink Reference Number (CRN) if you do not have one. If you **do not** intend to claim Child Care Benefit (CCB) to reduce your fees, we still require your CRN to comply with government reporting requirements.

CHILD/REN DETAILS							
Child's Full Name (1):				Child's Full Name (2):			
Date of Birth:		Male/Female		Date of Birth:		Male/Female	
Child's CRN Number				Child's CRN Number			
Address:							
Allergies YES NO		Asthma YES NO		Allergies YES NO		Asthma YES NO	
Medical condition YES NO		Medication YES NO		Medical condition YES NO		Medication YES NO	
Does this child have any additional or specific needs that we should be aware of which may require support? YES NO				Does this child have any additional or specific needs that we should be aware of which may require support? YES NO			
If Yes to above, please explain: eg Epipen, Asthma Plan etc. (please attach plan)				If Yes to above, please explain: eg Epipen, Asthma Plan etc. (please attach plan)			
Please note any infectious illness eg: Chicken pox, measles, mumps etc:				Please note any infectious illness eg: Chicken pox, measles, mumps etc:			

Office Use Only (Please initial and date)

Entered on The Hubworks	DD / CC / D Deposit	Copied	Confirmation sent
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Child's Full Name (3):			Child's Full Name (4):		
Date of Birth:		Male/Female	Date of Birth:		Male/Female
Child's CRN Number			Child's CRN Number		
Address:					
Allergies	YES	NO	Asthma	YES	NO
Medical condition		Medication		Medical condition	
YES	NO	YES	NO	YES	NO
Does this child have any additional or specific needs that we should be aware of which may require support?			Does this child have any additional or specific needs that we should be aware of which may require support?		
YES			NO		
If Yes to above, please explain: eg Epipen, Asthma Plan etc. (please attach plan)			If Yes to above, please explain: eg Epipen, Asthma Plan etc. (please attach plan)		
Please note any infectious illness eg: Chicken pox, measles, mumps etc:			Please note any infectious illness eg: Chicken pox, measles, mumps etc:		
Are there any specific instructions regarding cultural practices:					
PARENT/GUARDIAN DETAILS (this must be the person whose reference number is listed above)					
Surname		First name		DATE OF BIRTH	
CRN Number		Relationship to child			
Address:					
Mobile phone		Home phone		Work phone	
E-mail			Place of Employment		
Is this person authorised to collect your child/ren? YES NO					
PARENT/GUARDIAN DETAILS (2)					
Surname		First name		DATE OF BIRTH	
CRN Number		Relationship to child			
Address:					
Mobile phone		Home phone		Work phone	
E-mail			Place of Employment		
Is this person authorised to collect your child/ren? YES NO					

Please circle the days you would like your child/children to attend the School Holiday Program

Shaded out dates –Care not available on this day

Childs Name	MON	TUE	WED	THU	FRI	MON	TUE	WED	THU	FRI
Child 1	12/4	13/4	14/4	15/4	16/4	19/4	20/4	21/4	22/4	23/4
Child 2	12/4	13/4	14/4	15/4	16/4	19/4	20/4	21/4	22/4	23/4
Child 3	12/4	13/4	14/4	15/4	16/4	19/4	20/4	21/4	22/4	23/4
Child 4	12/4	13/4	14/4	15/4	16/4	19/4	20/4	21/4	22/4	23/4

ACCOUNTS (please tick a box)

Name of Person responsible for payment of account.	I would like to receive my account mail: <input type="checkbox"/>
I would like to receive my account by email: <input type="checkbox"/>	Email Address:

PARENT STATEMENT FORM

Information required: If you have a Current Assessment Notice from Family Assistance Office and there are siblings listed on this Assessment Notice and those siblings attend another approved Long Day Care, Family Day Care or School Age Care program, please fill out the details of the other siblings listed and the name of the program so the higher percentage of CCB can be applied to your fees.

	Child 1	Child 2	Child 3	Child 4
Surname				
Given Names				
Date of Birth				
Other program name				

How many of your children attend approved Long Day Care, Family Day Care or School Age Care Programs or any combination of these services in the same week? ()

REFERENCE BASE

Why did you choose this program for your child/ren?

What was your initial source of information on the centre?

Yellow Pages () White Pages () Friend () Another Parent ()
 Internet () Signature on Location () Other () Specify:

I the undersigned:

1. I/we agree to pay all fees and charges by the due date for any account rendered. I/we understand that in the event of financial hardship, special arrangements may be made on application to the Director. I/we understand additional costs may be incurred if referred to a Debt Recovery Agency.
2. I/we understand that the booking will be cancelled if the account remains outstanding and will be forwarded to the Debt Recovery Agency.
3. I/we agree to indemnify Communities@Work and any person associated with the program in relation to any claim for damages as a result of an accident or injury to my child unless it is the direct result of negligence on the behalf of Communities@Work or associated persons.
4. In the event of an accident or illness requiring emergency medical treatment, I authorise Communities@Work staff to seek emergency medical treatment for my child should this be considered necessary. I agree to meet any medical and ambulance expense incurred.
5. I/we give permission for the administration of a bronchodilator using an inhaling device if my child should suddenly collapse and/or have difficulty in breathing.
6. I/we understand that a late fee of \$20.00 per child for every fifteen minutes will be charged for children picked up after 6.00pm
7. /We understand no refund will be given on cancelled days unless a doctor's certificate is provided.
8. The information I have provided on this form are correct.

Parent/guardian signature:	Date:
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OPTIONAL

9. I consent to my child/ren being the subject of observations for program development.
Parent Signature _____
10. I give permission for my child/ren to be photographed or videoed during various activities for Quality Assurance purposes.
Parent Signature _____
11. I give permission for my child/ren to participate in excursions from the centre within the local community. Families will be informed separately of any excursions not in the local area.
Parent Signature _____

IMPORTANT! – Please note that you will be charged for the days you book. In the event that you do not use your booked days (due to changed plans, sickness, etc) you are still required to pay for your booking unless a Doctor's Certificate is provided.

OFFICE USE ONLY

Amount Paid		
Payment Type		
Date:		
Received By:		

