

No forms accepted after 2nd of April

HOMEBUSH OUT OF SCHOOL HOURS Incorporated ABN: 36 899 612 868

25 Broughton Rd Strathfield 2135- **\$20 admin fee** must be paid each year

Note: NON-HOOSH PARENTS 2 DAY PER WEEK MINIMUM ALL FIELDS MUST BE FILLED IN

CHILDREN'S DETAILS:

First Name(s):	Family Name:	DOB: / / CRN	School:
First Name(s):	Family Name:	DOB: / / CRN	School:
First Name(s):	Family Name:	DOB: / / CRN	School:
Siblings attending another centre	Please give number	Immunisation History statement	Tick and attach

**PARENT / GUARDIAN DETAILS: PARENT 1 MUST BE PARENT REGISTERED WITH CENTERLINK
NEW PARENTS PLEASE ADD CRN NUMBER BEFORE GIVING IN ENROLMENT**

Parent 1 Name:	DOB: / /	Parent 2 Name: :	DOB: / /
CRN		CRN	
Ethnicity		Ethnicity	
Address:		Address:	
EMAIL : for account		EMAIL :	
Home Phone:	Mobile Phone No:	Home Phone:	Mobile Phone No:
Work Phone:	Employer	Work Phone:	Employer:
Address::		Address:	

EMERGENCY CONTACT (other than Above)

Name: Phone1: Phone2:
Address: Relationship to child:

**I HAVE READ THE SUN PROTECTION POLICY and will adhere to clothing policy outlined
WHAT CARE DO YOU NEED? PLEASE TICK CAREFULLY all days must be paid for
after form accepted. You cannot change days and full fees are due.**

PLEASE TICK	Monday	Tuesday	Wednesday	Thursday	Friday
WK 1 APRIL 2018	16th	17th Leave 9am back 1pm	18th	19th Leave 9:15am back 1:30pm	20th Leave 10:30 am back 2pm
WK 2 APRIL 2018	23rd	24th Leave 10am back 2pm	25th ANZAC DAY NO HOOSH	26th Leave 9am back 2pm	27th
WK 3 APRIL 2018	30th				

**PLEASE NOTE ON EXCURSION DAYS WE MAY LEAVE THE CENTRE AT 8.30 AM IF CHILD NOT AT CENTRE
WE WILL LEAVE WITHOUT THEM CHECK PROGRAM**

MEDICAL INFORMATION:

Doctors Name & Phone No:.....Medicare No:

Emergency Treatment Procedure:

Is / are your child(ren) fully immunised? Yes.....No.....

If your child has been diagnosed with Asthma an Asthma plan must be on site if you have not already filled this in it must be done before registration.

My child is an Asthmatic YES NO my plan is lodged at the centre YES NO

Special needs: Please describe fully any allergies, conditions / medications, habits, or other special needs: Please supply doctor's plan of action for these, form available from Tina

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- **A \$10 PER DAY DEPOSIT MUST BE PAID WITH THIS FORM-FULL FEES TO BE PAID IF NO CRN NUMBER IS SUPPLIED ON DAY OF ATTENDANCE.**
- **HOOSH T shirts MUST be worn on excursions**
- **Fees MUST be paid when account received**
- **Once form is given to office days cannot be changed and all days must be paid for.**

CHILD CARE BENEFIT (CCB)

It is the parents responsibility to apply for relevant CCB funding and parents must apply for their own CRN NUMBER if they wish to be eligible for the 50% rebates or fee reductions. If the parent fails to apply for the relevant numbers NO fee reduction can be given. Please make sure you see the Director for more information / forms. I understand that HOOSH offers child care places under the **priority of access guidelines** formulated by the Family Assistance Office displayed on Notice Board.

A late fee of \$15 PER 10 MINUTE BLOCK and part there of applies. Auburn Police station will be contacted at 6.30pm if parents haven't arrived.

ACCIDENT AND EMERGENCY PRODCEDURE

I agree that in the event of an accident or emergency resulting in the need for immediate medical attention being required by my child and provided that every endeavor has been made by the staff of HOOSH to contact either parent and/ or emergency contact and/or the child's doctor I hereby give permission for the Director / Acting Director of HOOSH to arrange for child(ren) to be transported by ambulance to the nearest available Hospital for any immediate and necessary emergency procedures to be administered at that Hospital. I understand that I will be responsible for ambulance / hospital /other medical costs.

I realise that every care will be exercised in the management and safety of the children whilst in the care of HOOSH Inc. and agree to absolve HOOSH Inc from liability in the case of accident or illness which may be suffered by my children as a consequence of their care by HOOSH Inc.

Signed: Witnessed:

EXCURSIONS and PHOTOGRAPHS

I, the parent or guardian of the enrolled child(ren) named in this form, give permission for my child(ren) to travel to and from locations in the local area such as the Council Library, schools, parks, movie theatres, and/ or other entertainment or educational venues in the Vacation Care program, and understand that travel will involve walking or transport by bus.

I do AGREE / NOT AGREE to my children traveling out of the centre on excursions as above

I do AGREE / NOT AGREE to my children being photographed whilst in the care of HOOSH AND PHOTOS BEING PUT ON WEB SITE THESE PHOTOS ARE PASSWORD PROTECTED.

Signed: nessed:

Excursions must be signed to allow your child to travel from the centre.

PLEASE TICK BOXES FOR DAYS REQUIRED **COST TICK** **PARENT SIGN HERE EVERY DAY**

staff/child excursion

staff/child excursion	Ratio	COST	TICK	PARENT SIGN HERE EVERY DAY
MON 16 th FISHING YABBIES		\$60	<input type="checkbox"/>	
TUES 17 th MOVIES	1:10	\$65	<input type="checkbox"/>	
WED 18 th LASER WARRIORS		\$60	<input type="checkbox"/>	
THURS 19 TH BASKETBALL	1:10	\$65	<input type="checkbox"/>	
FRIDAY 20 TH SAUSAGE SIZZLE		\$50	<input type="checkbox"/>	OVER 9S-ICE-SKATING \$65 <input type="checkbox"/>
MON 23 RD BRICKS 4 KIDS		\$60	<input type="checkbox"/>	
TUES 24 TH STRATHFIELD PARK	1:10	\$55	<input type="checkbox"/>	
WED 25 th NO HOOSH – ANZAC DAY				
THURS 26 th JAMES CRAIG SHIP		\$70	<input type="checkbox"/>	
FRI 27 TH SCIENCE DAY		\$50	<input type="checkbox"/>	
MONDAY 30 th PARTY DAY		\$45	<input type="checkbox"/>	
FOOD ALLERGIES /VEGETARIAN LIST	<input type="checkbox"/>			

Signed, by parent: Name: Signature:

In the presence of (Director/staff) or Electronically Date

This centre uses information collected in accordance with the privacy act and our centre privacy policy for a copy please ask at the office.

Excursion risk and evaluation can be emailed or printed please ask for these.

I have read the vacation care terms and conditions attached. Sign: _____

VACATION CARE Terms and Conditions

NO FORMS WILL BE PROCESSED AFTER 2ND APRIL

NO FORMS ACCEPTED UNLESS IMMUNISATION FORM ATTACHED



Within this package is all the information you will need for enrolment in our holiday care program please read sheets carefully. All forms are to be handed in as soon as possible. Last term families missed out. Keep your program so you know what your child will be doing each day. Please remember that there are limited places and a first in gets the place.

Please fill in forms correctly with days you will be attending as **once lodged these days cannot be changed and full payment is required. Staff /child ratios are for all excursions is 1:10 this can include volunteers or excursion providers .**

T-SHIRTS/ CLOTHING:

Please note that the purchase of a HOOSH T-Shirt/VEST (cost \$10) is required this shirt must be worn on **all excursions** out of the centre. You may keep the T shirt for further vacation care programs. If your child turns up for an excursion without the T shirt another will be supplied and charged to your account. This will enable Staff to instantly recognise the children in our care. This is a very important safety issue.

Midriff crop tops and singlets do not provide enough sun protection and therefore should not be worn. **Children need to have their hats at all times, NO HAT NO PLAY. No thongs enclosed shoes for safety especially on excursions.**

PAYMENT:

With the new CCMS system now in place all parents must register with Centrelink for vacation care and supply HOOSH with CRN numbers. Parents receiving a CCB reduction will only get this after the first week so a \$10 per day holding fee must be paid as a deposit. Parents will not receive a final payment until the Monday after the vacation. Please make sure you pay this by the Friday or late fee will occur. Children not at the centre will need to pay full fees if a CRN number is not supplied a \$100 per week holding fee will apply for children not enrolled in after school centre. Parents will be required to give email address and fax number for account to be sent.

EXCURSIONS:

Some Excursions may change due to weather etc. Please make sure you check notice board for any changes. Please note some excursions are for over 8's only this means your child must be 8 to attend.

WHAT YOU NEED ON EXCURSIONS:

Hats, sun screen, please make sure you put sunscreen on in morning we will reapply in afternoon
Packed lunch, morning and afternoon tea. (If not supplied in excursion fees). **NO HOT NOODLES** due to the heat and potential to burn we do not allow these at the centre.

NO GLASS. All food is transported in cooler bags by staff or children so no glass is allowed.

FOOD/ NO NUTS:

HOOSH promotes healthy food in the centre and ask parents to look at the food it gives to children. It is important that children bring in healthy food that can sustain them for the day. We have some great healthy lunch box ideas brochures in the info stand. Please remember we have a **NO NUT** policy at the centre please check lunches carefully and make sure they do not contain nuts. (This includes Nutella) Our policy is on the website please take time to read this.

Lunch, morning, and afternoon tea is to be supplied by parents unless stated on program,

We have a child that has been diagnosed with Anaphylaxis at the service; please make sure you are aware of our NO NUTS POLICY.

During wet weather, the excursion will be postponed or cancelled and another activity will be organised instead. Parents will be notified via the program, Kidsxap and the noticeboard.

Some Excursions leave at 8:30 am or by program time please check carefully. We will leave you behind if you are not on time.

Drop off /Pick up time

We do not open until 7.30 am in holidays funding only allows for 10 hours and we already give parents an extra 30 minutes until 6pm.

Please make sure you pick up your child by 6pm a fee of \$15.00 per 10 minutes block and part thereof.

Due to staffing all forms need to be returned by **2ND APRIL**

CONTACT NUMBERS

CENTRE 9764 1773 MOBILE 0425 225 264

www.hoosh.com.au