



School's Out Wolverton

Holiday Booking

8th - 19th July 2019

MSD require a booking form to be completed in full for each holiday programme

APPLICATION IS MADE FOR THE BOOKING OF

1. Child's Name: _____ Date of Birth: _____ Male / Female
 2. Child's Name: _____ Date of Birth: _____ Male / Female
 3. Child's Name: _____ Date of Birth: _____ Male / Female

Principal Caregiver's Name: _____

Home Address: _____

Home Phone: _____ Work Phone/EXT: _____ Cell: _____

Email address: _____

Secondary Caregiver's Name: _____

Home Phone: _____ Work Phone/EXT: _____ Cell: _____

Emergency Contacts

The names of two people, other than the principal caregiver stated above, who (by direction of a person who has custody of the child) are allowed to collect my child or should be consulted if the child is ill or injured or contacted in any situation.

Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone/EXT: _____ Cell: _____

Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone/EXT: _____ Cell: _____

July 2019 Booking

WINZ forms must be submitted prior to commencement date!
Bookings will not be accepted if fees are owing from previous term.

Please tick those days that your child will be attending. We require one week's fees **DEPOSIT with booking.**

| | Monday | Tuesday | Wednesday | Thursday | Friday | Full Week |
|-----------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------|
| Holiday Week 1 | | | | | | |
| | 8th July | 9th July | 10th July | 11th July | 12th July | |
| Holiday Week 2 | | | | | | |
| | 15th July | 16th July | 17th July | 18th July | 19th July | |

Before and After School Programme commences 22nd July

Activities, Excursions, Medical and Allergy conditions

My child has permission to participate in activities outside the centre which may include transport in a company approved vehicle. **Yes / No**

My child has permission to participate in swimming sessions.
Swimming ability **Yes / No**
non-confident / confident

Medical conditions and allergies we should be aware of: _____

I give consent for photographs to be taken of my child for publicity purposes and/or Programme activities **Yes / No**

I agree to inform School's Out by telephone prior to 8:00am if my child will be absent from the programme on any given day. This is important on days of outings so staff and children are not waiting.

Unacceptable Behaviour

We have zero tolerance for physical violence, foul language and intentional damage to property or equipment. Parents/caregivers are notified of any disruption caused by their child. If the behaviour is considered a risk to others your child will be removed immediately and excluded from future attendance. In signing this form, you agree to accept the cost of any damage wilfully caused by your child and you agree to pick up your child immediately if his/her behaviour is deemed unacceptable. No refund will apply.

Fees

I agree to pay one week's deposit in advance – refer payment agreement below.
I agree to pay fees, as per the current fee schedule, weekly in advance.
I understand that if on a childcare subsidy, the child must attend the hours I have applied for.
I agree to pay fees for the time booked whether my child attends or not, including sick days.
I agree to pay a 10% penalty (based on the amount) owing if my fees become in arrears. Late payment of fees may result in your child's space being cancelled and all debt collection fees payable by the parent.
I agree to pay a late fee if my child/ren is left at the programme outside operating hours. This will be charged at the rate of \$25 per 15 minutes, with an instant fee of \$5.00.
I agree to the terms and conditions on the Programme's fee schedule.
I agree to give one week's notice in writing when changing or cancelling my child's booking

In the event of fees being in arrears I acknowledge a late payment fee will be charged in accordance with the current fee schedule issued by the centre. Additionally, I acknowledge I will be liable for interest on all outstanding amounts at the rate charged from time to time and that all debt collection costs will be charged in addition to fees, interest and late payment charges.

Payment Agreement

I confirm \$_____ (one week's fees deposit) will be paid in advance before the first day of booking attendance.

By signing this form, I understand my booking is not confirmed until this deposit had been paid.

Declaration

All information provided on this booking and your **original enrolment** application is still true and valid (please ask to see if you would like to correct). Any changes to health, medication, custodial agreements have and will be discussed with the programme manager. I continue to give permission for my child to participate in all daily activities, including spontaneous trips to local parks or community facilities.

I declare that the information I have provided is true and correct.

Signature of Principal caregiver _____ Date _____

Information provided by parents/guardians on this booking form is required for statistical purposes, MSD audits, to ensure contact in an emergency and to facilitate individual care and attention for your child. School's Out follows the principles of the Privacy Act 1993. As required by the Vulnerable Children Act 2014 this information may be shared with appropriate organisations if there are any concerns for the safety of a child or another family member.