



BOOKING SHEET FOR APRIL 2018 VACATION CARE

Child 1- Surname _____ First name _____

Child 2- Surname _____ First name _____

Child 3- Surname _____ First name _____

Parents Surname _____ First name _____

- Any changes in details please let us know.
- Notifying us of the holiday dates you require;
- Updating new address details;
- Changes in telephone numbers ;
- Adding new emergency contacts;
- Add extra information not added to original enrolment form – please ask to check previous enrolment form if you are unsure.

Please give changes of details

Please tick all days that you now require. - Please decide carefully as once the days are booked in they are unable to be swapped or changed for another day.

<u>Week 1</u>	<u>Monday 16.4.18</u>	<u>Tuesday 17.4.18</u>	<u>Wednesday 18.4.18</u>	<u>Thursday 19.4.18</u>	<u>Friday 20.4.18</u>
	<u>Treasure Hunt Day</u>	<u>Niagara Pk Sports</u>	<u>Reptiles Show</u>	<u>Mexican Day</u>	<u>Cinema Paradiso</u>
	<u>\$55</u>	<u>\$60</u>	<u>\$60</u>	<u>\$55</u>	<u>\$60</u>
<u>Week 2</u>	<u>Monday 23.4.18</u>	<u>Tuesday 24.4.18</u>	<u>Wednesday 25.4.18</u>	<u>Thursday 26.4.18</u>	<u>Friday 27.4.18</u>
	<u>Click and Create</u>	<u>Aliens and Space</u>	<u>PUBLIC</u>	<u>Kids HQ</u>	<u>Rockpool Visit</u>
	<u>\$60</u>	<u>\$55</u>	<u>HOLIDAY</u>	<u>\$60</u>	<u>\$60</u>
<u>Week 3</u>	<u>Monday 30.4.18</u>	If for some reason e.g. The weather forces us to make a change to the Programme, the days alternate activity will be displayed in the lobby of the Neighbourhood Centre as soon as possible			
	<u>Warnies Café</u>				
	<u>\$60</u>				

WE MUST HAVE YOUR CHILDS IMMUNISATION HISTORY BEFORE THEY CAN ATTEND

Please read and sign next page

AGREEMENT:

Fees

I agree to honour the fees payable for this Vacation Care period. All accounts must be paid and kept 1 week in advance.

I understand that to keep my child's place, whenever they are absent from the Centre, fees are still required to be paid unless 24hrs notice of cancellation is given. To cancel your child's day during vacation care you must ring and notify a staff member in order not to receive a non-notification fee.

I also understand that the centre will give my details to EC Credit Control Debt Collection Services if I do not honour this agreement.

So please book your child's days in vacation care carefully

Illness and Infectious Diseases Policy

Children with infectious diseases will be excluded from the service for the period recommended by the Department of Health. Where there is an outbreak of an infectious disease each enrolled child's parent/emergency contact will be notified within 24 hours under ordinary circumstances. The service will take care when issuing the notification to ensure it is not done in a manner that is prejudicial or names any particular child ("My Time, Our Place" Outcome 1).

Behaviour Management Policy Statement

We provide an environment where all parents, staff and children feel safe, cared for and relaxed, which encourages co-operation and positive interactions between all persons. Rules will be clearly established based on factors such as safety and respect for others. Positive behaviour and self-discipline skills will be developed and encouraged through modelling positive behaviour and interactions.

Please read through this contract with your child and sign at the bottom part of the page.

Below are the following expectations that I agree to follow:

- Be fair to others – not just yourself
- Listen to all respectfully
- Play fairly with each other
- Be kind to others
- Share with others
- Respect others privacy
- Help others in need
- Listen to all staff
- Stay in the centre grounds
- Keep hands and feet to yourself at all times
- Always be honest
- Wait your turn when friends or staff are talking
- Treat centre's property respectfully
- Use appropriate language
- Do not hurt others
- Respect others feelings
- Be considerate
- Be patient
- I will not bully others or threaten them
- Use nice manners

This is an agreement between (parent name) _____ and the Co-ordinator.

Signed: _____ (Parent/Guardian)

Signed: _____ (Coordinator) Date: _____