

# SCHOOL HOLIDAY PROGRAM ENROLMENT FORM

Please complete all sections in BLOCK LETTERS



**Belconnen  
Community  
Service**

## **Florey School Holiday Program**

Ratcliffe Crescent, Florey ACT 2615

Service Mobile Phone: 0401 045 215

### **Hours of care:**

Vacation Care Programs operates 8.00am to 6.00pm Monday to Friday (excluding public holidays).

### **Program Contact Details:**

For booking, and account enquiries please contact the Children's Services Admin Team on 62640200 or email

[csat@bcsact.com.au](mailto:csat@bcsact.com.au)

Please note any feedback relating to the program is to be addressed with the Nominated Supervisor on the above contact details

### **Bookings and Enrolments Process:**

An enrolment form is required each time your child attends a Belconnen Community Service Vacation Care Program. Advanced Bookings are required to ensure your child/ren have a place in the program, as places are limited. Once completed enrolments have been received your booking will be confirmed once processed by our Children's Services Administration Team. Please contact the Department of Human Services on 13 61 50 and complete your Child Care Subsidy Assessment for any eligible discounts to be applied to your account. Once your subsidy has been determined, Belconnen Community Service will send your holiday program booking to your myGov account to be approved. Once approved by you, your subsidies will be applied to your account.

### **Confirmation and Cancellations:**

Once Enrolment has been processed, confirmation will be given via email. No refunds will be given on any amendments or cancellations after confirmation. No Enrolments will be accepted if money is still owing to outside school hours care programs

### **Fees**

Fees for Vacation care program are \$72.50 for a single day, per child. Excursion costs are extra and permission is required for all excursions. Enrolments will not be processed unless payment is made.

### **Eligibility:**

Our Vacation Care Program caters for children from Kindergarten to Year Six attending Florey Primary, Charnwood Primary and St Matthew's Primary school. Priority will be given to children who attend our School Age Programs at these schools.

### **Attendance:**

If your child/ren are unable to attend the program due to illness or other reasons you need to contact the School Holiday Program Director on the phone number listed above or Children's Services Administration Team on (02) 6264 0200 or email [csat@bcsact.com.au](mailto:csat@bcsact.com.au)

### **Sun Protection:**

Belconnen Community Service children's programs implement a "no hat, play in the shade policy" when the UV rating is 3 or above. Children attending the program through the months of August to May are required to wear a wide brimmed hat for all outdoor activities.

In the best interests of all children, we have a duty of care to protect and provide a safe and secure environment. Children should wear comfortable clothes and suitable footwear to the program (thongs and flip flop type footwear are discouraged as they can limit children's ability to participate fully in active play). A change of clothes is advisable.

### **Meals and Snacks**

Fresh fruit and vegetables will be available throughout the day for children.. Menu items including seasonal fruit and vegetables, crackers, cheese, breads, rice and pasta will be available for morning and afternoon tea. Please check the menu board for more information about the daily offering. Children's dietary needs will be accommodated for.

**Please remember to pack lunch and a drink bottle for your children.**

# SCHOOL HOLIDAY PROGRAM ENROLMENT FORM



Please complete all sections in BLOCK LETTERS

## Child Details

Child 1 Name: \_\_\_\_\_ Male/Female \_\_\_\_\_ Date of Birth: / / CRN: \_\_\_\_\_

Child 2 Name: \_\_\_\_\_ Male/Female \_\_\_\_\_ Date of Birth: / / CRN: \_\_\_\_\_

Child 3 Name: \_\_\_\_\_ Male/Female \_\_\_\_\_ Date of Birth: / / CRN: \_\_\_\_\_

*If you are currently enrolled in BCS Before or After School Care and already provided your CRN, please leave blank*

## Parent/Legal Guardian 1

Relationship to Child: \_\_\_\_\_

Mr/Mrs/Ms/Miss First name: \_\_\_\_\_ Surname: \_\_\_\_\_ CRN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

## Parent/Legal Guardian 1

Relationship to Child: \_\_\_\_\_

Mr/Mrs/Ms/Miss First name: \_\_\_\_\_ Surname: \_\_\_\_\_ CRN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

For the children listed in this enrolment is there any custody or special access arrangements? No  Yes

If yes please attach details (to be enforced documents must be provided)

*If you are currently enrolled in BCS Before or After School Care, already provided a copy of your court orders and there have been no changes, they are not required to be submitted again*

**Emergency Contacts** and people authorised to collect your child/children (please note that we will not under any circumstances allow any person other than those on the list to collect your child unless proper notification is received from you in writing. This authority may be revoked in writing at any time.)

First name: \_\_\_\_\_ Surname: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Authorised to Collect: Yes  No

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

First name: \_\_\_\_\_ Surname: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Authorised to Collect: Yes  No

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

# SCHOOL HOLIDAY PROGRAM ENROLMENT FORM



Please complete all sections in **BLOCK LETTERS**

## MEDICAL DETAILS

**Child 1** Does your child have any allergies or food/drug sensitivities?  No  If **YES** please complete Allergy and Intolerance Form attached:

Does your Child have an Action Plan?  No  Yes If **YES**, please provide a copy

Has your child been diagnosed as at risk of Anaphylaxis?  No  Yes If **YES**, please attach Medical Plan

Does your child take any regular medication? E.g. Ventolin, etc  No  Yes If **YES**, please provide details

Is there any other information, including cultural or religious requirements you feel staff should be aware of regarding your child?

Has your child been diagnosed or undergoing assessment for any areas which may help us in providing an inclusive environment? E.g. ADHD, Autism, Behaviour etc. No Yes If Yes, please provide details and attach a copy of diagnosis/Health care card.

Does your child suffer from fears or phobias?  No  Yes If **YES**, please provide details

Does your child have need for additional assistance in any of the following areas? (please circle)

Learning Needs                      Mobility Needs                      Communication Needs                      Interpersonal Needs                      Other needs

Has your child received all immunisation requirements including Tetanus?  No  Yes – **Attach Immunisation Record**

---

**Child 2** Does your child have any allergies or food/drug sensitivities?  No  Yes If **YES** please complete Allergy and Intolerance Form attached:

Does your Child have an Action Plan?  No  Yes If **YES**, please provide a copy

Has your child been diagnosed as at risk of Anaphylaxis?  No  Yes If **YES**, please attach Medical Plan

Does your child take any regular medication? E.g. Ventolin, etc  No  Yes If **YES**, please provide details

Is there any other information, including cultural or religious requirements you feel staff should be aware of regarding your child?

Has your child been diagnosed or undergoing assessment for any areas which may help us in providing an inclusive environment? E.g. ADHD, Autism, Behaviour etc. No Yes If Yes, please provide details and attach a copy of diagnosis/Health care card.

Does your child suffer from fears or phobias?  No  Yes If **YES**, please provide details

Does your child have need for additional assistance in any of the following areas? (please circle)

Learning Needs                      Mobility Needs                      Communication Needs                      Interpersonal Needs                      Other needs

Has your child received all immunisation requirements including Tetanus?  No  Yes – **Attach Immunisation Record**

# SCHOOL HOLIDAY PROGRAM ENROLMENT FORM



Please complete all sections in BLOCK LETTERS

**Child 3** Does your child have any allergies or food/drug sensitivities?  No  If **YES** please complete Allergy and Intolerance Form attached:

Does your Child have an Action Plan?  No  Yes If **YES**, please provide a copy

Has your child been diagnosed as at risk of Anaphylaxis?  No  Yes If **YES**, please attach Medical Plan

Does your child take any regular medication? E.g. Ventolin, etc  No  Yes If **YES**, please provide details

Is there any other information, including cultural or religious requirements you feel staff should be aware of regarding your child?

Has your child been diagnosed or undergoing assessment for any areas which may help us in providing an inclusive environment? E.g. ADHD, Autism, Behaviour etc. No Yes If Yes, please provide details and attach a copy of diagnosis/Health care card.

Does your child suffer from fears or phobias?  No  Yes If **YES**, please provide details

Does your child have need for additional assistance in any of the following areas? (please circle)

Learning Needs                      Mobility Needs                      Communication Needs                      Interpersonal Needs                      Other needs

Has your child received all immunisation requirements including Tetanus?  No  Yes – **Attach Immunisation Record**

<b>Medicare Number</b> _____ <b>Ambulance Scheme</b> _____
<b>Family Doctors Information:</b> Doctors Name: _____ Doctors Phone No: _____ Address: _____
<b>For our statistics...</b> Are you a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No your family's Country/Countries of Origin? Do you identify as Aboriginal or Torres Strait Islander? <input type="checkbox"/> Yes <input type="checkbox"/> No Languages spoken at home, if other than ENGLISH _____

**NOTE: If your child has an allergy or requires Ventolin for Asthma, your enrolment will not be accepted without an Asthma Action Plan, Green Action Plan or an Anaphylaxis Action Plan**

# SCHOOL HOLIDAY PROGRAM ENROLMENT FORM



Please complete all sections in BLOCK LETTERS

## Booking Sheet

Childs Name 1: \_\_\_\_\_

Childs Name 2: \_\_\_\_\_

Childs Name 3: \_\_\_\_\_

## Conditions of Booking

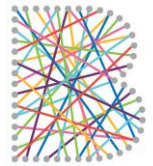
I/We understand the program opens at 8.00am and closes at 6pm.

I/We give permission for my/our child/ren to participate in the following activities/excursions should they be attending on that day.

I/We understand most excursions are optional. Please note: The chartered bus may or may not have seat belts provided I/We understand refunds will not be available upon commencement of the program.

Date	Attendance Signature	Cost	Excursion/Activity	Excursion Cost	Sub Total
Monday 14 <sup>th</sup> Jan		\$72.50	Getting to know each other	\$0.00	
Tuesday 15 <sup>th</sup> Jan		\$72.50	Pokemon Day	\$0.00	
Wednesday 16 <sup>th</sup> Jan		\$72.50	Water Play Day	\$0.00	
Thursday 17 <sup>th</sup> Jan		\$72.50	Arboretum Excursion	\$20.00	
Friday 18 <sup>th</sup> Jan		\$72.50	Mini Olympics / Sports Day	\$0.00	
Monday 21 <sup>st</sup> Jan		\$72.50	Multi-cultural Day	\$0.00	
Tuesday 22 <sup>nd</sup> Jan		\$72.50	Reptiles Incursion	\$0.00	
Wednesday 23 <sup>rd</sup> Jan		\$72.50	Careers Day	\$0.00	
Thursday 24 <sup>th</sup> Jan		\$72.50	Bowling Excursion	\$20.00	
Friday 25 <sup>th</sup> Jan		\$72.50	PJ / Spa Day	\$0.00	
Monday 28 <sup>th</sup> Jan	PUBLIC HOLIDAY		PUBLIC HOLIDAY		
Tuesday 29 <sup>th</sup> Jan		\$72.50	John Knight Memorial Park	\$0.00	
Wednesday 30 <sup>th</sup> Jan		\$72.50	Camping Day	\$0.00	
Thursday 31 <sup>st</sup> Jan		\$72.50	Woodworking Day	\$0.00	
Friday 1 <sup>st</sup> Feb		\$72.50	Movie Day	\$0.00	
				<b>Total</b>	

# SCHOOL HOLIDAY PROGRAM ENROLMENT FORM



Please complete all sections in BLOCK LETTERS

## Authorisations and conditions of care

A Parent or Legal Guardian must sign the following Authorisations form and all sections must be completed. If not, care cannot commence.

### Parent/Guardian Declaration

I/We give permission for my child/ren to watch (PG) rated movies No  Yes

I/We give permission for my child/ren to go on walks with the program in the local area. No  Yes

I/We give permission for staff to administer Paracetamol (e.g. Panadol) to my/our child/ren according to the directions if my/our child/ren develops a high temperature. No  Yes

I/We understand I/We will be notified before administering, or if non-contactable, as soon as possible afterwards.

I/We give permission for the staff of Belconnen Community Service Out of School Hours Care Program to give basic first aid treatment in the event of any minor injury to my/our child/ren.

In the event of accident or serious illness of my/our child/ren, I/We give permission for the staff to seek medical attention or arrange ambulance transport to hospital if considered necessary for the welfare and safety of my/our child/ren. I/We understand that I/We will be required to pay for any costs associated with transport and/or treatment of my/our child/ren.

I/We agree to comply with all Government requirements in relation to the Centre and its service.

I/We agree to have my/our account paid in full at the end of each term in order to be offered a place in the following school term.

I/We agree to pay by direct debit on Thursdays either weekly or fortnightly and agree to ensure that the funds are available in my/our account this day

I/We agree that if my/our direct debit regularly defaults, my/our care may be cancelled effective immediately.

I am/We are aware that it is my/our responsibility to maintain my/our account and keep payment up to date.

I am/We are aware that it is my/our responsibility to maintain a current Child Care Subsidy Assessment for any eligible subsidies to be applied to my account

I am/We are aware that Fourteen (14) days notice in writing of cancellation of care must be given in advance; otherwise fees will continue to be charged.

I am/We are aware that if my child/ren do not attend the last day of care when cancellation of care notice has been given, Department of Human Services will not pay any CCS Subsidies as per DEEWR's guidelines

I am/We are aware that if a booking is made and cancelled within 2 weeks prior to school holidays commencing, A \$75.00 administration fee will be charged.

I am/We are aware that my/our child/ren will be excluded from care at the Centre if he/she has contracted a contagious disease or condition. I/We understand that the child/ren will be accepted back into the Centre upon provision of 'clearance certificate' for the child/ren from a medical practitioner.

I am/We are aware that sickness and non-attendance days including public holidays are payable to ensure our child's place at the Centre.

I/We understand that a system of payment for late departures operates at the Centre to cover overtime payments due to staff. I am/We are aware that I am/We are obliged to pick up my/our child/ren as negotiated with the Centre. Any late collection will result in a fee being imposed of \$2.00 per minute, per child.

I/We agree to provide the Centre with all information regarding the health of my/our child/ren and any other information required by the Centre.

I am/We are aware that the Centre may occasionally have visitors to the Centre and have volunteers that may assist at the Centre. I/We give consent to my/our child/ren being in the presence of visitors or volunteers, with the Centre's appropriate supervision.

I/We agree to pay outstanding childcare fees and cancellation fees where applicable together with all debt recovery expenses including late payment fees, mercantile agents fees, court costs and legal fees reasonably incurred, will be added to the total amount due.

Please sign to acknowledge that it is your (the parent/guardian) responsibility to ensure the food brought into the centre by you (the parent/guardian) is prepared and kept/refrigerated in a safe and proper manner before bringing to the centre to minimise the risk of your child becoming ill from consuming food brought into the centre by you (the parent/guardian)

(Conditions continue over page)

# SCHOOL HOLIDAY PROGRAM ENROLMENT FORM



Please complete all sections in BLOCK LETTERS

## Authorisations and conditions of care continued

A Parent or Legal Guardian must sign the following Authorisations form and all sections must be completed. If not, care cannot commence.

I give permission for BCS to take and use photographs/video footage of my child/ren for publicity, promotional, and reporting activities in print and online media. **Please tick**    No     Yes

I give permission for BCS educators to take and use photographs of my child/ren for the purpose of recording observations and displaying images for use at the service only: **Please Tick**    No     Yes

By signing this agreement, you provide permission for Belconnen Community Service to use your story and/or images as described above for promotional reasons

All file, photographs and recordings become the property of Belconnen Community Service and may be used in any of the above agreed media types

Belconnen Community Service will not pay you or compensate you for the use or reuse of your child's image.

You agree that in the event you wish to withdraw your consent for Belconnen Community Service to use your child's images / story in publications and media, it is your responsibility to advise Belconnen Community Service in writing immediately.

### Parent/Guardian Declaration .....

The information I have provided in this form is correct.

The continuation of all enrolments for School Age Care Services is subject to fees being paid in accordance with Belconnen Community Services payment terms. Enrolments and accounts are reviewed regularly and BCS reserves the right to cancel an enrolment if fees are not up to date. An enrolment for a new term or vacation care program will not be renewed where an account remains in arrears.

I/We agree to abide by the conditions of use of the Centre and this Agreement.

I/We agree to be responsible for payment of Belconnen Community Service outside School Hours Care account for the children named in this enrolment.

This form must be signed by a Parent/Legal Guardian

***Please ensure you pack your child's lunch, drink bottle and hat.***

Parent/Legal Guardian 1:

Signature ..... Date .....

Parent/Legal Guardian 2:

Signature ..... Date .....

**Please return Completed enrolments to:**  
Children's Services Administration Team  
26 Chandler Street, Belconnen ACT 2615  
Phone: (02) 6264 0200  
Fax: (02) 6253 2901  
Enquires: [csat@bcsact.com.au](mailto:csat@bcsact.com.au)  
Website: [www.bcsact.com.au](http://www.bcsact.com.au)



**Belconnen  
Community  
Service**

# BCS Children's Programs Allergy and Intolerance Record Florey SHP

Photo ID Here

Family Details			
Child's Name		Date of Birth	
Emergency Contact		Phone Number	
Emergency Contact		Phone Number	
Details			
Allergy or Intolerance Details			
What are the food/drinks that your child must avoid?			
What are the symptoms of your child's food allergy or intolerance?			
How quickly do the symptoms appear?			
Is your child at risk of a life threatening reaction?			
Please Provide Action Plan (Asthma or Anaphylaxis)			
Parents Name		Signature	
Directors Signature		Date	



# SCHOOL HOLIDAY PROGRAM ENROLMENT FORM



Please complete all sections in **BLOCK LETTERS**

**DIRECT DEBIT REQUEST – (if you have already completed this form, it is not required to be submitted again)**  
Please return completed with your enrolment form.

I/We request you Belconnen Community Service Inc and User ID 408576 to arrange for funds to be debited from my/our nominated account at the financial institution shown below according to the schedule specified below.

Name

Address   
  
Postcode

Name and Branch of Financial Institution

BSB No.

Account Number

Commencing:  Immediately on the next debit cycle; or  
 from the next debit cycle after \_\_\_/\_\_\_/\_\_\_

Please debit:  
 the balance owing at billing date (the amount owing on Thursday)  
 the balance owing at end of the billing week (the amount owing on invoice)  
 the balance owing at each billing date plus 2 weeks in advance

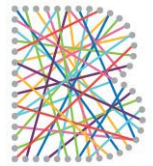
Week  $\theta$  Fortnight  $\theta$

Signature 1:   
Printed Name:   
Signature 2:   
Printed Name:

If debiting from a joint bank account, both signatures are required

Date

# SCHOOL HOLIDAY PROGRAM ENROLMENT FORM



Please complete all sections in BLOCK LETTERS

## CUSTOMER DDR SERVICE AGREEMENT

### Our commitment to you

This document outlines our service commitment to you, in respect of the Direct Debit Request (DDR) arrangements made between **Belconnen Community Service User ID 408576** and you. It sets out your rights, our commitment to you and your responsibilities to us together with where you should go for assistance.

### Initial terms of the arrangement

In terms of the Direct Debit Request arrangements made between us and signed by you, we undertake to periodically debit your nominated account for the agreed amount for child care fees.

### Drawing arrangements

- The first drawing under this Direct Debit arrangement will occur on the date nominated by the account holder.
- Weekly and fortnightly Direct Debit payments are processed on Thursdays. Payments outside of these automatic debit dates can be processed with written authorisation from the account holder/s.
- If any drawing falls due on a non-business day, it will be debited to your account on the next business day following the scheduled drawing date.
- We will give you at least 14 days notice [in writing or some other means of your choice] when changes to the initial terms of the arrangement are made. This notice will set out changes to the initial terms.
- This Direct Debit system allows for payments to be deducted from cheque or savings accounts only. **CREDIT CARD accounts are unable to be used.** If you are in doubt that your account is suitable, please contact your financial institution.
- Belconnen Community Service Inc has the discretion to cease the Direct Debit arrangement if the payment is returned unpaid three (3) times. Should a debit item correctly requested be returned unpaid by your Financial Institution, an administration fee of \$10 plus any fee charged by Belconnen Community Service's Financial Institution will be charged to your account.
- Parents/carers are informed of fees when enrolling their child[ren] into child care. Fees are varied from time to time and parents/carers will always receive a minimum of 4 weeks notice in writing of such changes. When the amount of the payment due varies from bill to bill, we will always provide you with a bill at least ten (10) working days before the debit date. On the debit date, the amount due will be debited from your nominated account.
- Child care fees are payable 2 weeks in advance
- If you wish to discuss any changes to the initial terms please contact Belconnen Community Service Inc, Children's Services Administration Team. Contact details are provided at the end of this agreement.

# SCHOOL HOLIDAY PROGRAM ENROLMENT FORM



Please complete all sections in **BLOCK LETTERS**

## Your rights

### Changes to the arrangement

If you want to make changes to the drawing arrangements, including:

- deferring the drawing; or
- altering the schedule; or
- stopping an individual debit; or
- suspending the DDR; or
- cancelling the DDR completely.

You must contact us at least 14 working days prior to the next scheduled drawing date and notification must be received in writing. Please refer to the contact details for the Children's Services Administration at the end of this agreement.

### Enquiries

Direct all enquiries to us, rather than to your financial institution, and these should be made at least 14 working days prior to the next scheduled drawing date. All communication addressed to us should include your customer reference number.






All personal customer information held by us will be kept confidential except that information provided to our financial institution to initiate the drawing to your nominated account.

### Disputes

If you believe that a drawing has been initiated incorrectly, we encourage you to take the matter up directly with us by contacting contact Belconnen Community Service Inc, Children's Services Administration Team. All disputes will be responded to within 3 working days. In the event that we cannot substantiate the reason for the drawing, you will receive a refund of the drawing amount. Contact details are provided below.

## How to contact us

If you need to contact us to discuss any aspect of this agreement, vary this agreement in any way or dispute a drawing that has been initiated by us, you contact the Children's Services Administration Team via the following methods:

-  02 6264 0200 (Phone)
-  02 6253 2901 (Fax)
-  [csat@bcsact.com.au](mailto:csat@bcsact.com.au)
-  PO Box 679, Belconnen ACT 2616
-  In person at our office located at 26 Chandler Street Belconnen.

## Your commitment to us

It is your responsibility to ensure that:

- your nominated account can accept direct debits (your financial institution can confirm this); and
- that on the drawing date there is sufficient cleared funds in the nominated account; and
- that you advise us if the nominated account is transferred or closed.

If your drawing is returned or dishonoured by your financial institution, we will contact you by phone or in writing notifying of the returned payment. Arrangements need to be made to pay the dishonoured amount within 3 days to avoid any disruption to your child care arrangements. Any transaction fees payable by us in respect of the above will be added to your account and will need to be settled with the payment of the returned payment.