

FAMILY MEDICAL & HEALTH INSURANCE INFORMATION

| | |
|-------------------|--|
| Preferred Doctor: | Medicare Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Phone: | Do you have private health insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Address: | If yes, state fund name & number: _____ |
| | Do you have Ambulance Cover? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, state number: _____ |

PARENT/GUARDIAN DETAILS

Parent/Guardian 1 must be the CCB registered parent, and will be responsible for the account.

Parent/Guardian 1 (CCB registered parent)

| |
|------------------------|
| First Name: |
| Surname: |
| Relationship to child: |
| Date of Birth:* |
| Address: |
| |
| Mobile phone no: |
| Home phone no: |
| Work phone no: |

Parent/Guardian 2

| |
|------------------------|
| First Name: |
| Surname: |
| Relationship to child: |
| Address: |
| |
| Mobile phone no: |
| Home phone no: |
| Work phone no: |

*Parent/Guardian 1 DOB is required for CCB purposes

| |
|---------------|
| Email: |
|---------------|

Background Information (either Parent/Guardian to answer)

Do you live, work or study in the City of Yarra? Yes No

Are you an Aboriginal or Torres Strait Islander family? Yes No

Are you a single parent? Yes No

Is your family from a non-English speaking background? Yes No

Are your children attending the program because of recognised work, study or work-related commitments? Yes No

Have your children attended Yarra City Council Vacation Care Program before? Yes No

Does your child have a disability, or live in a family which includes a disabled person? Yes No

CHILD CARE BENEFIT (CCB)

I would like to claim CCB Yes No Parent/Guardian CRN

I have contacted the FAO and linked my child's CCB to Vacation Care Yes No Child 1 CRN

Child 2 CRN

Child 3 CRN

GENERAL PERMISSIONS

Please sign and print your name below, to indicate you have read and understood each of the following statements.

- I am willing for my child/ren to participate in all activities offered to the program.
- I give consent for my child's photo to be taken and I understand that I will be informed if it will be used in Council publications.
- I understand that my child/ren will be transported to excursions by bus or walking.
- I give permission for my child/ren to watch PG rated movies, videos and Playstation games.
- I agree to familiarise myself with the program and to advise staff if I do not wish my child/ren to participate in a particular activity.
- I agree to collect or make arrangements for the collection of my child/ren if he/she becomes unwell at Vacation Care.
- I give permission for my child/ren to apply sunscreen provided by Vacation Care.
- I give my consent to Vacation Care seeking, and where appropriate, administering, such emergency treatment as is reasonably necessary, and I agree to reimburse any necessary expenses incurred by the program.
- I authorise Yarra City Council to record as an allowable absence, any day my child/ren is enrolled but does not attend Vacation Care, unless I provide a valid reason (according to Government requirements) for the absence to be recorded as an approved absence. I understand that CCB is payable for only 30 allowable absences per child per year.
- I agree to pay for all the days my child is successfully enrolled, regardless of whether he/she actually attends Vacation Care.
- I agree to pay Vacation Care fees by the due date stated on my invoice, and prior to commencement of the program.
- I understand that I am liable to pay for all successfully booked days that are not cancelled by the due date on the form.
- I understand that absences will be charged unless a medical certificate is provided for the period absent.

| | | |
|---------|-------------|-------|
| Signed: | Print Name: | Date: |
|---------|-------------|-------|

EMERGENCY CONTACT

In event of an emergency, we will first attempt to contact Parent/Guardian 1 and 2. However please nominate two additional people over 18 years, OTHER than Parent/Guardian 1 and 2, who can collect your child within 30 minutes of notification.

Emergency Contact 1

| |
|------------------------|
| First Name: |
| Surname: |
| Relationship to child: |
| Mobile phone no: |
| Home phone no: |
| Work phone no: |

Emergency Contact 2

| |
|------------------------|
| First Name: |
| Surname: |
| Relationship to child: |
| Mobile phone no: |
| Home phone no: |
| Work phone no: |

NOTE: ID must be produced when collecting a child from the program.

DOCUMENT CHECKLIST

This information is essential for the safety and security of your child/ren and is a requirement for enrolment purposes. Vacation Care is required to ensure all information provided is current and accessible to program staff, and therefore request an annual update of documentation.

- Court Orders
Where Court Orders are in place, these must be provided with the enrolment form
- Asthma Management Plan and/or Medical Conditions, Epipen use, Epilepsy & Allergies
Asthma Management Plan and/or other medical information is current and attached to this form

Administration use only

| | |
|---|--|
| Date received | <input type="text"/> |
| CCB registered | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Outstanding Debt | No <input type="checkbox"/> |
| Yes <input type="checkbox"/> \$ _____, family advised | <input type="checkbox"/> |
| Medical | No <input type="checkbox"/> Yes <input type="checkbox"/> forms received <input type="checkbox"/> |
| Invoice sent | <input type="checkbox"/> Amt: \$ _____ |
| Date entered | <input type="text"/> |

Contact us



For more information about the Vacation Care program, please contact:
Vacation Care Program Leader 9205 5479
Vacation Care Planner 9205 5482
email vacationcare@yarracity.vic.gov.au
or visit www.yarracity.vic.gov.au.

To contact the Vacation Care centre directly (during Vacation Care only):
Atherton Gardens Vacation Care 0438 205 422
Collingwood College Vacation Care 0438 205 224
Richmond West Vacation Care 0412 418 194
Spensley Street / Merri Creek Vacation Care 0438 205 243

IF YOU WOULD LIKE TO KNOW MORE ABOUT THE INFORMATION IN THIS DOCUMENT AND YOUR LANGUAGE IS NOT LISTED BELOW, YOU CAN CONTACT AN INTERPRETER ON **9280 1940**

VIETNAMESE

NẾU MUỐN BIẾT THÊM CHI TIẾT VỀ NỘI DUNG VĂN KIỆN NÀY, QUÍ VỊ CÓ THỂ LIÊN LẠC VỚI MỘT THÔNG DỊCH VIÊN QUA ĐIỆN THOẠI SỐ **9280 1939**

GREEK

ΑΝ ΘΕΛΕΤΕ ΠΕΡΙΣΣΟΤΕΡΕΣ ΠΛΗΡΟΦΟΡΙΕΣ ΣΕ ΣΧΕΣΗ ΜΕ ΤΑ ΣΤΟΙΧΕΙΑ ΠΟΥ ΠΕΡΙΕΧΟΝΤΑΙ ΣΤΟ ΕΝΤΥΠΟ ΑΥΤΟ, ΜΠΟΡΕΙΤΕ ΝΑ ΕΠΙΚΟΙΝΩΗΣΕΤΕ ΜΕ ΕΝΑ ΔΙΕΡΜΗΝΕΑ ΣΤΟΝ ΑΡΙΘΜΟ **9280 1934**

MANDARIN

如果想要进一步了解这份文件中的内容，您可以致电 **9280 1937**，和翻译员取得联系

CANTONESE

如果您要更多地瞭解關於這篇文件的內容，您可以與傳譯員聯絡，電話號碼**9280 1932**

ITALIAN

SE DESIDERATE SAPERNE DI PIÙ CIRCA LE INFORMAZIONI CONTENUTE IN QUESTO DOCUMENTO, POTETE CONTATTARE UN INTERPRETE AL **9280 1931**

TURKISH

BU BELGEDE YERELAN BİLGİLERE İLİŞKİN DAHA FAZLA BİLGİ EDİNMEK İSTİYORSANIZ, **9280 1938** NUMARADAN BİR TERCÜMANLA GÖRÜŞEBİLİRSİNİZ

ARABIC

لمعرفة المزيد عن المعلومات الواردة في هذه الوثيقة بإمكانكم الاتصال بمترجم على الرقم **9280 1930**

SPANISH

SI QUIERE MÁS DETALLES SOBRE LA INFORMACIÓN CONTENIDA EN ESTE DOCUMENTO, PÓNGASE EN CONTACTO CON UN INTÉRPRETE LLAMANDO AL TELÉFONO N° **9280 1935**

MACEDONIAN

ΑΚΟ ΣΑΚΑΤΕ ΔΑ ΔΟΖΝΑΕΤΕ ΠΟΒΕΚΕ ΖΑ ΙΝΦΟΡΜΑЦИИТЕ ВО ОВОЈ ДОКУМЕНТ ЈΑΒΕΤΕ СЕ ΖΑ ΠΡΕΒΕДУВАЧ НА **9280 1936**



City of Yarra

PO Box 168
Richmond VIC 3121

T 03 9205 5555

F 03 8417 6666

TTY 03 9421 4192

Interpreter Services 03 9280 1940

E info@yarracity.vic.gov.au

W www.yarracity.vic.gov.au



Vacation Care

Spring Program

September/October 2009

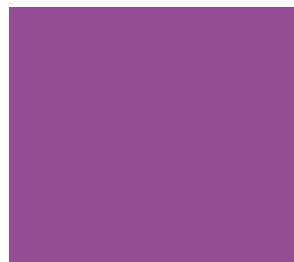
Proudly sponsored and managed by the City of Yarra.



Welcome to the City of Yarra Vacation Care program.

Council has operated Vacation Care programs for many years and is proud to continue to sponsor and manage programs that provide recreational and educational activities for children each day during the school holiday period.

This brochure outlines the Vacation Care program booking procedure and includes a tear-off Enrolment Form to complete and return. Please read the Booking Information and follow the How to Book procedure inside to ensure your enrolment is processed smoothly.



EXCURSION PROGRAM FOR GRADE 5 & 6 CHILDREN ONLY

These holidays we are running a special excursion for Grade 5 & 6 children only. A bus will collect and return participants from each centre on this day. See inside for more information or contact the Vacation Care Planner if you have any queries.

IMPORTANT DATES

BOOKING DEADLINE

Strictly no bookings after 4.00pm on Friday, 4 September 2009. Families with children with additional needs (ISS funding) must contact the Program Leader by 26 August 2009.

PAYMENT DEADLINE

Payment for all bookings is due by 4.00pm on Wednesday, 9 September.

CANCELLATION DEADLINE

Cancellations with a refund of fees will only be accepted up to 4.00pm on Wednesday, 16 September 2009.

Please note: enrolments may close earlier if fully booked.



VACATION CARE PROGRAM: 21 SEP to 2 OCT 2009

Bookings Close: Friday 4 SEP 2009

- Please provide each child with a packed lunch and snacks to eat throughout the day (no nut products).
- Children must arrive by 9.00am to ensure they do not miss out on activities or excursions. If you are running late please call the relevant Vacation Care centre.

Atherton Gardens 125 Napier Street, Fitzroy. Tel: 0438 205 422.

FAO: call 13 61 50

| | Monday 21.09 | Tuesday 22.09 | Wednesday 23.09 | Thursday 24.09 | Friday 25.09 |
|---------------|--|---|---|--|---|
| WEEK 1 | SCIENCE FUN with Professor Bunsen Burner's crazy experiments (1pm) IV | SPORTS GALA DAY! George Nott Athletic Park. Events, games, prizes. All 4 programs attend EX | GO KARTS & JUMPING CASTLE! Take a spin around the circuit, bounce in the castle. IV | WILD ACTION snake & reptile show! Slippery snakes, cranky crocs and funky frogs. IV | TASKWORKS Education and Play Centre all day. EX |
| WEEK 2 | MAKING MOSAICS workshop with Woodle Artz. Make your own tiled mirror! IV | PIRATE DRESS UP DAY! Ships Ahoy Landlubbers! Arrgh! Games! Treasure Hunt! Fun! IN | EUREKA SKYDECK 88! Incredible views, learn about the landmarks in our City. EX | HARDROCK Climbing for Grade 5/6s EX GYMBUS Doubledecker games for Prep to Gr4s IV | MOVIES @ Palace cinema then visit Balwyn Park for lunch and games. EX |

Collingwood College Islington Street, Collingwood. Tel: 0438 205 224.

FAO: call 13 61 50

| | Monday 21.09 | Tuesday 22.09 | Wednesday 23.09 | Thursday 24.09 | Friday 25.09 |
|---------------|--|---|--|--|--|
| WEEK 1 | SCIENCE FUN with Professor Bunsen Burner's crazy experiments (11am) IV | SPORTS GALA DAY! George Nott Athletic Park. Events, games, prizes. All 4 programs attend EX | MAKING MOSAICS workshop with Woodle Artz. Make your own tiled mirror! IV | CHINESE MUSEUM. Visit the museum and make Chinese lanterns! EX | FUNFIELDS mini-golf, toboggans, cars, boats, rides all day! EX |
| WEEK 2 | MOVIES @ Palace cinema then visit Balwyn Park for lunch and games. EX | PIRATE DRESS UP DAY! Ships Ahoy Landlubbers! Arrgh! Games! Treasure Hunt! Fun! IN | SKATERZ Roller Blade & Skate Rink! Roller Disco and Games! EX | HARDROCK Climbing for Grade 5/6s EX WILD ACTION Snakes & Reptiles for Prep to Gr4s IV | Collingwood Singstar Party! Sing, dance, competitions & prizes! IN |

Richmond West 25 Lennox Street, Richmond. Tel: 0412 418 194.

FAO: call 13 61 50

| | Monday 21.09 | Tuesday 22.09 | Wednesday 23.09 | Thursday 24.09 | Friday 25.09 |
|---------------|--|---|---|--|--|
| WEEK 1 | HIP HOP Dance Workshop! Learn how to bust the moves like real breakers! IV | SPORTS GALA DAY! George Nott Athletic Park. Events, games, prizes. All 4 programs attend EX | Making mosaics workshop with Woodle Artz. Make your own tiled mirror! IV | CLAYWORKS DAY. Make and decorate your own clay creations! IN | TASKWORKS Education and Play Centre all day. EX |
| WEEK 2 | SKATERZ Roller Blade & Skate Rink! Roller Disco and Games! EX | MOVIES @ Palace cinema then visit Balwyn Park for lunch and games. EX | PIRATE DRESS UP DAY! Ships Ahoy Landlubbers! Arrgh! Games! Treasure Hunt! Fun! IN | HARDROCK Climbing for Grade 5/6s EX GYMBUS Doubledecker games for Prep to Gr4s IV | DIZZY'S CASTLE Indoor play centre. Slides, mini-golf, disco and more! EX |

Spensley Street Primary School, Clifton Hill. Tel: 0438 205 243.

FAO: call 13 61 50

| | Monday 21.09 | Tuesday 22.09 | Wednesday 23.09 | Thursday 24.09 | Friday 25.09 |
|---------------|--|---|---|--|---|
| WEEK 1 | HIP HOP Dance Workshop! Learn how to bust the moves like real breakers! IV | SPORTS GALA DAY! George Nott Athletic Park. Events, games, prizes. All 4 programs attend EX | PIRATE DRESS UP DAY! Ships Ahoy Landlubbers! Arrgh! Games! Treasure Hunt! Fun! IN | FUNFIELDS mini-golf, toboggans, cars, boats, rides all day! EX | MOVIES @ Palace cinema then visit Balwyn Park for lunch and games. EX |
| WEEK 2 | BUZY KIDS Indoor Play and Traffic School Centre! Bikes, bounce & slide! EX | MAKING MOSAICS workshop with Woodle Artz. Make your own tiled mirror! IV | THEATRE 'Sandragons Tale' at Northcote Town Hall. Games workshop in the afternoon! EX | HARDROCK Climbing for Grade 5/6s EX CANDLEMAKING workshop for Prep to Gr4s IV | SKATERZ Roller Blade & Skate Rink! Roller Disco and Games! EX |

KEY: **IN** in-house \$34 **IV** in-house visit \$40.00 (\$6.00 extra) **EX** excursion \$40.00 (\$6.00 extra)



BOOKING INFORMATION

Dates and Times

All services operate from 8.00am to 6.00pm daily. If children are not collected by 6.00pm, a Late Fee of \$1.00 per minute is charged.

Eligibility

Yarra Vacation Care programs are available to all children attending primary school in 2009.

Sun Smart Policy

Please send children with a water bottle and sunhat, and your own sunscreen if your child is allergic to generic brands.

Inclusive Program / Additional Needs

Council offers an inclusive program for all children in the municipality. If your child has additional needs please contact the Program Leader on 9205 5479 by 26 August 2009.

Fees

Daily in-house bookings: \$34 per child;
Excursions and in-house visits: \$40.00 per child. Eligible families can access Child Care Benefit – see the **Child Care Benefit (CCB)** section for more information.

No enrolment form will be processed until all outstanding fees are paid.

Meals

Programs DO NOT provide meals. Please send each child with a packed lunch and snacks to eat throughout the day.

IMPORTANT: it is vital that our program remains free of nut products due to children attending with allergies. Please send your children with nut free foods.

Priority of Access

Confirmation of bookings will be based on the Priority of Access Policy, as directed by the Commonwealth Government:

Priority 1 Children at risk of abuse or neglect

Priority 2 Children of families with recognised work, training or study commitments.

Having satisfied these requirements, remaining places will be allocated using the Yarra City Council Priority of Access Policy for residents and non-residents of the City of Yarra. For further information, please visit www.yarracity.vic.gov.au.

Waiting lists

A waiting list will be maintained for families who are not initially allocated a place. Subsequent vacancies will be allocated in accordance with Priority of Access guidelines.

Cancellations, refunds and additional bookings

Cancellations with a refund of fees will only be accepted up to the deadline on the front cover. Cancellations or absences after this time are not refunded unless a medical certificate is presented.

Child Care Benefit (CCB)

Please ensure you have registered your child/ren for CCB by calling the Family Assistance Office (FAO) on **13 61 50**, between 8.00am and 8.00pm. If you need an interpreter, please call 13 12 02.

The FAO will provide you and each child with a Customer Reference Number (CRN). Please write this number in the Child Care Benefit section of the attached Vacation Care Enrolment Form.

You **must** register with the FAO to receive the CCB subsidy.

Emergency Contacts

Those listed as parents/guardians on the Enrolment Form will be contacted first in the event of an emergency. Council requires nomination of **two additional contacts** over 18 years who can collect your child within 30 minutes of notification, otherwise your enrolment cannot be processed.

Additional documents required

It is a requirement of enrolment to provide the following additional documentation:

- Court orders currently in place
- Asthma, Epi-pen and Epilepsy Management Plans for each child if relevant
- All other medical information, ensuring that all details about your child/ren's needs are provided

This information must be attached to your completed Enrolment Form and is essential for the safety and security of your child/ren.

HOW TO BOOK

STEP 1:

Fill in the attached Enrolment Form, taking care to complete all details. If necessary, attach the additional court order and medical documents outlined under the Document Checklist section of the Enrolment Form.

STEP 2:

Return the Enrolment Form by the deadline on the front cover. Forms can be lodged

- by mail to:
Vacation Care Bookings
City of Yarra
PO Box 168, Richmond 3121
- by fax to: 8417 6666
- by email to:
vacationcare@yarracity.vic.gov.au
- in person at:
Richmond Town Hall,
333 Bridge Road, Richmond
Collingwood Town Hall,
140 Hoddle Street, Abbotsford

STEP 3:

You will then be sent an invoice with the amount you need to pay. You must pay by the deadline on the front cover to confirm your enrolment. Payment can be made by cash, cheque, money order, credit card or eftpos.

- Mail your cheque or money order to:
Vacation Care
City of Yarra
PO Box 168, Richmond 3121
- Pay by credit card over the phone, on 9205 5454, 9205 5482 or 9205 5479.
- Pay by cash or eftpos at Richmond Town Hall or Collingwood Town Hall, 8.30am to 5.00pm Mon–Fri.

Once you have paid your booking is confirmed.

For further assistance please telephone: the Program Leader, 9205 5479 or Vacation Care Planner, 9205 5482.

Privacy – Collection Statement

Council is collecting health and personal information for the purpose of registering your child for the school holiday program & administering your Outside School Hours Care fees. The information will be used by the staff at the program, for administration purposes, and to contact you in the event of an emergency only, but will not be disclosed to any other party except as required by law. If you fail to provide this information, the registration may not be processed, but you may access this information by contacting the Program Leader on 9205 5479.

Vacation Care Enrolment Form

21 September to 2 October 2009



Please PRINT in the space provided, and tick the relevant boxes. Please review the form before sending to check you have completed all sections.

TICK YOUR VENUE PREFERENCE (select ONE venue only)

If there are insufficient places at this centre, would you accept a place at another venue? Yes No

- Atherton Gardens Collingwood College
 Richmond West Spensley Street

CHILD DETAILS Please complete for all children attending the program. If more than 3 children please attach details on a separate sheet.

Child 1

First Name: _____ Surname: _____

Male Female Date of Birth: _____ School: _____ Grade: _____

My child will attend: **Week 1** Mon Tue Wed Thu Fri **Week 2** Mon Tue Wed Thu Fri

My child will attend the SPECIAL EXCURSION (Grade 5 & 6 only): Thursday 1 October, Hardrock Climbing

Medical Information If you tick YES to any of these questions, please give details in the space provided

Allergies Yes No Anaphylaxis Plan supplied? Yes Date supplied: / /

Asthma Yes No Asthma Management Plan supplied? Yes Date supplied: / /

Medication Yes No Details: _____

Other Medical Condition Yes No Details: _____

Does this child need additional staff support? Yes No Please describe any additional or specific needs of the child that we should be aware of: _____

Child 2

First Name: _____ Surname: _____

Male Female Date of Birth: _____ School: _____ Grade: _____

My child will attend: **Week 1** Mon Tue Wed Thu Fri **Week 2** Mon Tue Wed Thu Fri

My child will attend the SPECIAL EXCURSION (Grade 5 & 6 only): Thursday 1 October, Hardrock Climbing

Medical Information If you tick YES to any of these questions, please give details in the space provided

Allergies Yes No Anaphylaxis Plan supplied? Yes Date supplied: / /

Asthma Yes No Asthma Management Plan supplied? Yes Date supplied: / /

Medication Yes No Details: _____

Other Medical Condition Yes No Details: _____

Does this child need additional staff support? Yes No Please describe any additional or specific needs of the child that we should be aware of: _____

Child 3

First Name: _____ Surname: _____

Male Female Date of Birth: _____ School: _____ Grade: _____

My child will attend: **Week 1** Mon Tue Wed Thu Fri **Week 2** Mon Tue Wed Thu Fri

My child will attend the SPECIAL EXCURSION (Grade 5 & 6 only): Thursday 1 October, Hardrock Climbing

Medical Information If you tick YES to any of these questions, please give details in the space provided

Allergies Yes No Anaphylaxis Plan supplied? Yes Date supplied: / /

Asthma Yes No Asthma Management Plan supplied? Yes Date supplied: / /

Medication Yes No Details: _____

Other Medical Condition Yes No Details: _____

Does this child need additional staff support? Yes No Please describe any additional or specific needs of the child that we should be aware of: _____

Collection Details

Please write the name of the person (over 18yrs) who is authorised to collect your child from Vacation Care: _____

tear here

tear here