

Our Place Holiday Program Enrolment Form Evatt January 2019



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Are you a new family to Our Place? ☐ Yes ☐ No
If yes, an Our Place Enrolment form will need to be completed

Confidential Details, Child 1

Child Given Name(s): Surname:

☐ Preschool (preschool in 2019) ☐ School Age (kindergarten – year 6)

Medical condition/s and/or additional needs: ☐ Yes ☐ No

If yes, please specify: _____

Please be aware that Our Place will need to have copies of medical action plans and diagnosis at the service. Children will not be accepted into School Holiday Program without the relevant documentation on file. **If your child has a diagnosis and/or identified addition need you will be contacted by management to discuss your child's needs and develop a support plan.**

Dietary requirements: ☐ Yes ☐ No

If yes, please specify: _____

Confidential Details, Child 2

Child Given Name(s): Surname:

☐ Preschool (preschool in 2019) ☐ School Age (kindergarten – year 6)

Medical condition/s and/or additional needs: ☐ Yes ☐ No

If yes, please specify: _____

Please be aware that Our Place will need to have copies of medical action plans and diagnosis at the service. Children will not be accepted into School Holiday Program without the relevant documentation on file. **If your child has a diagnosis and/or identified addition need you will be contacted by management to discuss your child's needs and develop a support plan.**

Dietary requirements: ☐ Yes ☐ No

If yes, please specify: _____

Confidential Details, Child 3

Child Given Name(s): Surname:

☐ Preschool (preschool in 2019) ☐ School Age (kindergarten – year 6)

Medical condition/s and/or additional needs: ☐ Yes ☐ No

If yes, please specify: _____

Please be aware that Our Place will need to have copies of medical action plans and diagnosis at the service. Children will not be accepted into School Holiday Program without the relevant documentation on file. **If your child has a diagnosis and/or identified addition need you will be contacted by management to discuss your child's needs and develop a support plan.**

Dietary requirements: ☐ Yes ☐ No

If yes, please specify: _____

Staff use only:

Date received: _____	<input type="checkbox"/> Children's details completed	<input type="checkbox"/> Parent/Guardian information complete
Educator name/initial: _____	<input type="checkbox"/> Medical information received <input type="checkbox"/> N/A	<input type="checkbox"/> Bookings complete
Payment made (if applicable) _____	<input type="checkbox"/> Support plan developed <input type="checkbox"/> N/A	<input type="checkbox"/> Excursion consents signed
<input type="checkbox"/> 2019 Enrolment form completed	<input type="checkbox"/> Dietary information received <input type="checkbox"/> N/A	<input type="checkbox"/> Permissions signed

Parent/Guardian Information

Parent/Guardian 1 Details: (please complete even if your information is on Kidsxap)

Relationship to child:

Given Name(s): Surname:

Mobile: Other phone:

Email:

Parent/Guardian 2 Details: (please complete even if your information is on Kidsxap)

Relationship to child:

Given Name(s): Surname:

Mobile: Other phone:

Email:

Parent/Guardian Permissions, Acknowledgements and Agreements

Initial	
<u>Activities and Incursions</u> I understand that by ticking and signing the booking sheet, I give permission for my child to participate in the activities and incursions stated on the booking form and highlights form.	
<u>Excursions</u> I understand that if I book my child in on a day that there is an excursion I must sign permission for my child to attend the excursion. There is no option for the child to stay at the service and not attend the excursion.	
<u>Payment and booking</u> I understand that for my child's booking to be confirmed full payment must be received by Friday Week 9, or time of booking. I understand my child's booking will not be confirmed until payment is received. I am aware that I will have to pay for any days that I book into, regardless of if my child attends.	
<u>Refunds</u> I am aware that School Holiday Program bookings are permanent and there are no refunds given for days that are cancelled after Week 9. This includes if my child is sick.	
<u>Extra information</u> I have read the attached extra information about School Holiday Program understand my responsibilities in regards to this information.	
<u>Sun smart policy</u> I am aware of Our Place's sun smart policy. I am aware that my child will need to be dressed in sun smart appropriate clothes with their shoulders covered. If my child does not have their own hat or is not dressed in sun smart attire, I am aware that they are not able to participate in the outdoor experiences and may need to sit in the shade when outside or participate in indoor experiences.	
<u>Additional information about my child</u> I have provided Our Place with any additional relevant information about my child. E.g. Support plans, dietary information, court orders, etc.	
Date:	Signature:

Booking information

- Cost: \$80 per child per day. An additional \$20 is charged on excursion days. CCS is available to eligible families.

Child 1	Name: <input type="checkbox"/> Preschool <input type="checkbox"/> School Age
Child 2	Name: <input type="checkbox"/> Preschool <input type="checkbox"/> School Age
Child 3	Name: <input type="checkbox"/> Preschool <input type="checkbox"/> School Age

	Monday 7/1/19	Tuesday 8/1/19	Wednesday 9/1/19	Thursday 10/1/19	Friday 11/1/19
<u>WEEK 1</u>	Minute to win it championships \$80	MOVIES: How to train your dragon \$100	Water Day \$80	Liquid Nitrogen show \$80	Cupcake decorating \$80
<u>Child 1</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Child 2</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Child 3</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Monday 14/1/19	Tuesday 15/1/19	Wednesday 16/1/19	Thursday 17/1/19	Friday 18/1/19
<u>WEEK 2</u>	Cotter Reserve \$100	Nerf Wars \$80	National Zoo and Aquarium \$100	Dot Painting \$80	Ten Pin Bowling \$100
<u>Child 1</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Child 2</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Child 3</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Monday 21/1/19	Tuesday 22/1/19	Wednesday 23/1/19	Thursday 24/1/19	Friday 25/1/19
<u>WEEK 3</u>	Bricks4kidz Lego Party \$80	Pyjama Day \$80	Canberra deep space \$100	Icy cold challenges \$80	Mask off \$80
<u>Child 1</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Child 2</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Child 3</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Monday 28/1/19	Tuesday 29/1/19	Wednesday 30/1/19	Thursday 31/1/19	Friday 1/2/19
<u>WEEK 4</u>	PUBLIC HOLIDAY: Australia Day	Decorate your bag \$80	Yarralumla play station \$100	Slime Fest \$80	MOVIE: Ralph breaks the internet \$100
<u>Child 1</u>	Centre Closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Child 2</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Child 3</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

----- Staff use only:

<input type="checkbox"/> Bookings updated on master booking form	<input type="checkbox"/> Bookings entered on kidsxap
Signed:	Signed:
Date:	Date:

Excursion and Incursion Consent:

On excursion days, please arrive at the service by 8.30am

Date: Tuesday 8th January 2019

I give permission for my child(ren)
to participate in the following

Excursion to: **Hoyts Cinema, Belconnen**

Transport: Keir's Coaches

Approx. departure time: 9am

Ratio: 1:10

Approx. return time: 1.30pm

Signed:

Date:

Date: Thursday 10th January 2019

I give permission for my child(ren)
to participate in the following

incursion activity: **Liquid Nitrogen Show**

Signed:

Date:

Date: Monday 14th January 2019

I give permission for my child(ren)
to participate in the following

Excursion to: Cotter Reserve

PLEASE NOTE: Whilst on excursion, children will participate in water activities such as swimming, water play, water fights etc. Do you give permission for your child/ren to participate in all water activities? ☐ Yes ☐ No

Transport: Keir's Coaches

Approx. departure time: 8.30am

Ratio: 1: 6

Approx. return time: 2pm

Signed:

Date:

Date: Wednesday 16th January 2019

I give permission for my child(ren)
to participate in the following

Excursion to: **National Zoo and Aquarium**

Transport: Keir's Coaches

Approx. departure time: 9am

Ratio: 1:10

Approx. return time: 2pm

Signed:

Date:

Date: Friday 18th January 2019

I give permission for my child(ren)
to participate in the following

excursion to: **Ten Bin Bowling, Belconnen**

Transport: Keir's Coaches

Approx. departure time: 10am

Ratio: 1:10

Approx. return time: 2pm

Signed:

Date:

Excursion and Incursion Consent:

On excursion days, please arrive at the service by 8.30am

Date: Wednesday 23rd January 2019

I give permission for my child(ren)
to participate in the following

Excursion to: **Canberra Deep Space, Tidbinbilla**

Transport: Keir's Coaches

Ratio: 1:10

Approx. departure time: 8.30am

Approx. return time: 1.30pm

Signed:

Date:

Date: Wednesday 30th January 2019

I give permission for my child(ren)
to participate in the following

Excursion to: **Yarralumla Play Station**

PLEASE NOTE: Whilst on excursion, children will participate in water activities such as swimming, water play, water fights etc. Do you give permission for your child/ren to participate in all water activities? ☐ Yes ☐ No

Transport: Keir's Coaches

Ratio: 1: 6

Approx. departure time: 8.30am

Approx. return time: 2pm

Signed:

Date:

Date: Friday 1st February 2019

I give permission for my child(ren)
to participate in the following

Excursion to: **Hoyts Cinema, Belconnen**

Transport: Keir's Coaches

Ratio: 1: 10

Approx. departure time: 9am

Approx. return time: 1pm

Signed:

Date:

Water Information for Cotter Reserve/Yarralumla Excursion

	Child 1 Name:	Child 2 Name:	Child 3 Name:
Is your child comfortable in the water?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your child's water confidence?	<input type="checkbox"/> More confident than their skills <input type="checkbox"/> Confidence matches skill level <input type="checkbox"/> Less confident than their skills	<input type="checkbox"/> More confident than their skills <input type="checkbox"/> Confidence matches skill level <input type="checkbox"/> Less confident than their skills	<input type="checkbox"/> More confident than their skills <input type="checkbox"/> Confidence matches skill level <input type="checkbox"/> Less confident than their skills
Is there any other information regarding your child and water that may be useful to educators?			

Staff use only:

<input type="checkbox"/> Excursion and Incursion updated in January 2019 consent list	Signed: Date
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Permission

Please note: Please sign each section that you give permission for.

All children

I give permission for my child(ren) _____
photos to be used in:

Reflections/Portfolios ☐ Yes ☐ No
Promotional material ☐ Yes ☐ No

Signed: _____ Date: _____

By **not** signing permission, you are **not** giving consent for your child to participate.

All children

I give permission for my child(ren) _____
To watch PG rated movies.

Signed: _____ Date: _____

All children

I give permission for my child(ren) _____
To have sunscreen applied at Our Place.

Signed: _____ Date: _____

If you do not sign permission for your child to have sunscreen applied at Our Place, you will need to supply your own sunscreen.

All children

I give permission for my child(ren) _____
to participate in the following activity:
Walks in the local area (to parks, ovals, wetlands).

Signed: _____ Date: _____

All children

I give permission for my child(ren) _____
To participate in face painting activities.

Signed: _____ Date: _____

All children

I give permission for my child(ren) _____
to participate in the following activity:
Fire pit experiences

Signed: _____ Date: _____

Staff use only:

☐ Non-permissions updated in the January 2019
permission lists

Signed:
Date: