

**No forms accepted after 20/9/2010**

HOMEBUSH OUT OF SCHOOL HOURS Incorporated ABN: 36 899 612 868

25 Broughton Rd Strathfield 2135

Provider numbers Before /After school 555006953A Vacation 555007271H

**CHILDRENS DETAILS:**

First Name(s):	Family Name:	DOB: / / CRN	School:
First Name(s):	Family Name:	DOB: / / CRN	School:
First Name(s):	Family Name:	DOB: / / CRN	School:

**PARENT / GUARDIAN DETAILS: PARENT 1 MUST BE PARENT REGISTERED WITH CENTERLINK  
NEW PARENTS PLEASE ADD CRN NUMBER BEFORE GIVING IN ENROLMENT**

<b>Parent 1 Name:</b>	<b>DOB: / /</b>	<b>Parent 2 Name: :</b>	<b>DOB: / /</b>
<b>CRN</b>		<b>CRN</b>	
<b>Ethnicity</b>		<b>Ethnicity</b>	
Address:		Address:	
Home Phone:	Mobile Phone No:	Home Phone:	Mobile Phone No:
Work Phone:	Employer	Work Phone:	Employer:
Address::		Address:	

**EMERGENCY CONTACT (other than Above)**

Name: Phone1: Phone2:  
Address: Relationship to child:

**WHAT CARE DO YOU NEED? PLEASE TICK all days must be paid after form accepted  
If you do not have your CRN registered with HOOSH and centerlink full payment must  
be made with this form.**

<b>PLEASE TICK</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>WK 1 SEPT</b>	27 <sup>th</sup>	28 <sup>th</sup>	29 <sup>th</sup>	30 <sup>th</sup>	1ST
<b>Wk 2</b>	4 <sup>th</sup> Public hol	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>

**PLEASE NOTE ON EXCURSION DAYS WE LEAVE THE CENTRE AT 8.30 AM IF CHILD NOT AT CENTRE WE  
WILL LEAVE WITHOUT THEM**

**MEDICAL INFORMATION:**

Doctors Name & Phone No:.....Medicare No:.....

Emergency Treatment Procedure: .....

Is / are your child(ren) fully immunised? Yes.....No.....

If your child has been diagnosed with Asthma a Asthma plan must be on site if you have not already filled this in it must be done before registration .

My child is an Asthmatic YES NO my plan is lodged at the centre YES NO

**Special needs:** Please describe fully any allergies, conditions / medications, habits, or other special needs: Please supply doctor's plan of action for these, form available from Tina

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- **A \$10 PER DAY DEPOSIT MUST BE PAID WITH THIS FORM FULL FEES TO BE PAID IF NO CRN NUMBER IS SUPPLIED ON DAY OF ATTENDANCE.**
- HOOSH T shirts MUST be worn on excursions
- Fees **MUST** be paid **when account received**
- **Once form is given to office days cannot be changed and all days must be paid for.**

**CHILD CARE BENEFIT (CCB)**

It is the parents responsibility to apply for relevant CCB funding and parents must apply for their own CRN NUMBER if they wish to be eligible for tax rebates or fee reductions. If the parent fails to apply for the relevant numbers NO fee reduction can be given. Please make sure you see the Director for more information / forms. I understand that HOOSH offers child care places under the **priority of access guidelines** formulated by the Family Assistance Office displayed on Notice Board.

A **late fee of \$1 PER MINUTE applies from 6.00pm – 6.30pm**. From 6.30pm a fee of \$2 PER MINUTE applies. Auburn Police station will be contacted at 6.45pm if parents haven't arrived

**ACCIDENT AND EMERGENCY PRODCEDURE**

I agree that in the event of an accident or emergency resulting in the need for immediate medical attention being required by my child and provided that every endeavor has been made by the staff of HOOSH to contact either parent and/ or emergency contact and/or the child's doctor I hereby give permission for the Director / Acting Director of HOOSH to arrange for child(ren) to be transported by ambulance to the nearest available Hospital for any immediate and necessary emergency procedures to be administered at that Hospital. I understand that I will be responsible for ambulance / hospital /other medical costs.

I realise that every care will be exercised in the management and safety of the children whilst in the care of HOOSH Inc. and agree to absolve HOOSH Inc from liability in the case of accident or illness which may be suffered by my children as a consequence of their care by HOOSH Inc.

Signed..... Witnessed:.....

**EXCURSIONS and PHOTOGRAPHS**

I, the parent or guardian of the enrolled child(ren) named in this form, give permission for my child(ren) to travel to and from locations in the local area such as the Council Library, schools, parks, movie theatres, and/ or other entertainment or educational venues in the Vacation Care program, and understand that travel will involve walking or transport by bus.

I do AGREE / NOT AGREE to my children traveling out of the centre on excursions as above

I do AGREE / NOT AGREE to my children being photographed whilst in the care of HOOSH AND PHOTOS BEING PUT ON WEB SITE THESE PHOTOS ARE PASSWORD PROTECTED.

Signed ..... Witnessed:.....

**Excursions must be signed to allow your child to travel from the centre.**

PLEASE TICK BOXES FOR DAYS REQUIRED **COST TICK**  **PARENT SIGN**

MON 27th	Gymnastics	\$57	<input type="checkbox"/>	
TUE 28th	Bakery	\$57	<input type="checkbox"/>	
TUE 28th	no excursion	\$32	<input type="checkbox"/>	
WED 29th	Weii day	\$32	<input type="checkbox"/>	
THUR 30th	movies	\$55	<input type="checkbox"/>	
FRI 1st	Chocoholics day	\$ 35	<input type="checkbox"/>	

MON 3rd	public hol		<input type="checkbox"/>	
TUE 4 TH	ICE SKATING	\$ 57	<input type="checkbox"/>	tick over 8 <input type="checkbox"/>
TUE 4TH	ice skating under 8	\$57	<input type="checkbox"/>	
WED 5TH	bike day	\$32	<input type="checkbox"/>	
THUR 6TH	lollipop	\$57	<input type="checkbox"/>	
THUR 6TH	Rock climbing	\$57	<input type="checkbox"/>	extra form p/up tick 9 over <input type="checkbox"/>
Fri 7 <sup>TH</sup>	Party and circus day	\$48	<input type="checkbox"/>	

Signed, by parent : Name:.....Signature.....

In the presence of ..... (Centre Director) Date .....

This centre uses information collected in accordance with the privacy act and our centre privacy policy for a copy please ask at the office.



VACATION CARE Sept/oct

[www.homebushoosh.com.au](http://www.homebushoosh.com.au)

**NO FORMS WILL BE PROCESSED AFTER 20/09/10**

Within this package is all the information you will need for enrolment in our holiday care program please read sheets carefully. All forms are to be handed in as soon as possible. Last term families missed out. Keep your program so you know what your child will be doing each day. Please remember that there are limited places and a first in gets the place.

Please fill in forms correctly with days you will be attending as **once lodged these days cannot be changed and full payment is required.**

### **T-SHIRTS**

Please note that the purchase of a HOOSH t shirt (cost \$10) is required this shirt must be worn on **all excursions** out of the centre. You may keep the T shirt for further vacation care programs. If your child turns up for an excursion without the T shirt another will be supplied and charged to your account. This will enable Staff to instantly recognise the children in our care. This is a very important safety issue.

### **PAYMENT**

With the new CCMS system now in place all parents must register with centerlink for vacation care and supply HOOSH with CRN numbers. Parents receiving a ccb reduction will only get this after the first week so a \$10 per day holding fee must be paid as a deposit. Parents will not receive a final payment until the Monday after the vacation. Please make sure you pay this by the Friday or late fee will occur. Children not at the centre will need to pay full fees if a CRN number is not supplied a \$100 per week holding fee will apply for children not enrolled in after school centre. Parents will be required to give email address and fax number for account to be sent.

### **EXCURSIONS**

Some Excursions may change due to weather etc. Please make sure you check notice board for any changes. Please note some excursions are for over 8's only this means your child must be 8 to attend.

### **WHAT YOU NEED ON EXCURSIONS**

**Hats, sun screen, raincoat**

Packed lunch, morning, and afternoon tea. (If not supplied in excursion fees).

**NO HOT NOODLES** due to the heat and potential to burn we do not allow these at the centre.

**NO GLASS.** All food is transported in cooler bags by staff.

### **FOOD/ NO NUTS**

HOOSH promotes healthy food in the centre and ask parents to look at the food it gives to children. It is important that children bring in healthy food that can sustain them for the day. We have some great healthy lunch box ideas

brochures in the info stand. Please remember we have a **no nut** policy at the centre please check lunches carefully and make sure they do not contain nuts. (This includes nutella) Our policy is on the website please take time to read this. We have to many children to heat up food so please keep this in mind.

Lunch, morning, and afternoon tea is to be supplied by parents unless stated on program,

**Some Excursions leave at 8.30 am or by program time please check carefully. We will leave you behind**

### **Drop off /Pick up time**

**We do not open until 7.30 am** in holidays and close at 6pm sharp.

Please make sure you pick up your child by 6pm a \$10 per minute late fee will apply to late parents

Due to staffing all forms need to be returned by **20/9/2010**

### **CONTACT NUMBERS**

**CENTRE 9764 1773 MOBILE 0425 225264**

[www.homebushoosh.com.au](http://www.homebushoosh.com.au)