

ABN: 74 649 779 047 31-33 Church Street Dubbo NSW 2830 P: 1800 319 551 | E: oosh@dnc.org.au | W: <u>www.ccsd.org.au</u>



### Term 1 2024 Vacation Care Booking Form /Complying Written Arrangement (CWA)

| Vacation Care session fees before CCS 2024 |                        |   |  |  |
|--|------------------------|---|--|--|
| Vacation Care Early Bird                   | \$75 per child/per day | Bookings made with more than 14 days' notice. |  |  |
| Vacation Care                              | \$80 per child/per day | Bookings made with more than 7 days' notice.  |  |  |
| Vacation Care Casual                       | \$85 per child/per day | Bookings made within 7 days of care date.     |  |  |

| Arrangement Type: Please tick |                          |                       |                                |  |  |
|-------------------------------|--------------------------|-----------------------|--------------------------------|--|--|
| CWA – Complying Written       | RA Relevant Arrangement  | □ OA Arrangement with | ACCS / PEA - Additional        |  |  |
| Arrangement (required for     | (No CCS subsidy - not    | an organisation/third | Child Care Subsidy (child      |  |  |
| Child Care Subsidy CCS)       | applying / not eligible) | party (No CCS)        | wellbeing). Provider to apply. |  |  |

| No. | Child Name (please write full name) | DOB | School Year attending: Kindergarten - Year 6<br>(Not available for Pre-Kindy, under school age) |
|-----|-------------------------------------|-----|---|
| 1:  |                                     |     |   |
| 2:  |                                     |     |   |
| 3:  |                                     |     |   |

| Tick centre (subject to availability): | Service                     | School Holidays (excluding public holidays)  |  |  |
|--|-----------------------------|--|--|--|
|  | South Dubbo Vacation Care   | Monday to Friday: 7.30am - 6:00pm (10.5 hrs) |  |  |
|  | Orana Heights Vacation Care | Monday to Friday: 7.30am - 6:00pm (10.5 hrs) |  |  |

| Monday   | Tuesday  | Wednesday   | Thursday   | Friday   |
|--|--|---|--|--|
| 15 <sup>th</sup> April 2024  | 16 <sup>th</sup> April 2024  | 17 <sup>th</sup> April 2024   | 18 <sup>th</sup> April 2024  | 19 <sup>th</sup> April 2024  |
| Monday<br>22 <sup>nd</sup> April 2024  | Tuesday<br>23 <sup>rd</sup> April 2024   | Wednesday<br>24 <sup>th</sup> April 2024  | Thursday<br>25 <sup>th</sup> April 2024<br>Service Closed<br>Public Holiday          | Friday<br>26 <sup>th</sup> April 2024  |
| Monday<br>29 <sup>th</sup> April 2024<br>Irana Heights is the<br>ally site open for the<br>chool Development<br>Day. | Tuesday<br>30 <sup>th</sup> April 2024<br>BSC at Orana Heights<br>and ASC at all sites | Wednesday<br>1 <sup>st</sup> May 2024<br>BSC at Orana Heights<br>and ASC at all sites | Thursday<br>2 <sup>nd</sup> May 2024<br>BSC at Orana Heights<br>and ASC at all sites | Friday<br>3 <sup>rd</sup> May 2024<br>BSC at Orana Heights<br>and ASC at all sites |

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### Vacation Care Conditions:

- A 2024 Enrolment Form/re-enrolment Form must have been completed before this Vacation Care booking form can be processed. Enrolment Form/re-enrolment Forms are located via our website <u>https://ccsd.org.au</u>
- Cancellation of any VC booking requires a minimum of 7 day's written notice or full fees will apply.
  - The Childcare Subsidy will not be paid if your child/ren are absent from care on the first or last day of your bookings. For more information please refer to <u>https://www.servicesaustralia.gov.au/individuals/services/centrelink/child-care-subsidy/how-manage-your-payment/if-your-child-absent-from-child-care</u>
- Bookings will not be made if outstanding money is owing, and a payment plan is not in place. Accounts will be reviewed in Week 9 and failure to pay accounts may result in the cancellation of bookings.
- For children requiring medication, the medication must be in-date and in its original packaging with a pharmaceutical label with the child's name. This will be checked daily. If medication is not in date or in the original labelled packaging your child will not be permitted to attend until medication is brought to the service in date and in the correct packaging. Please allow additional time at drop-off on your child's first day of attendance to sign medical forms.
- Children to bring a hat, wear enclosed shoes and suitable play clothing with sleeves.
- Children to bring with them a drink bottle, healthy morning tea, lunch, and afternoon tea.
- If your child forgets to bring their water bottle or hat, one will be supplied and the cost will be added to your account. Drink bottles \$12.00 and hats \$15.00.
- Vacation Care, like all our services, are nut free. Nuts or foods containing nut products are not permitted to be brought to the service.
- Children to be reminded of the expectation to model positive behaviours. Families will be asked to collect their child/ren if continued unacceptable/inappropate behaviour is exhibited.
- Families will be asked to pay for or replace resources that are deliberately broken by their child/ren.

#### In relation to COVID-19:

- Children are not required to wear masks, however if you wish for your child to wear a mask, please email joanneh@dnc.org.au or call 6883 2300 (families to provide masks).
- Masks are to be worn by Educators and Families as per current regulations at the time of Vacation care.
- If your child is displaying a fever, cough, sore/scratchy throat, shortness of breath, loss of taste and/or smell they will **not** be able to attend. If they display any of these symptoms during the day, you will be contacted to collect your child. Your child will be unable to return to the service until they no longer show the above symptoms.

#### Signature

- Electronic signatures will be accepted if booking form sent from an email linked to your account.
- Please contact us if you wish to add an additional email to your account.



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|      | MEDICAL Please complete if your child has a medical condition e.g. asthma, anaphylaxis |  |   |  |  |
|------|--|--|---|--|--|
|      | Child Name:  |  | Medical Condition:  |  |  |
| 1:   |  |  |   |  |  |
| 2:   |  |  |   |  |  |
| 3:   |  |  |   |  |  |
| Have | e you provided a <u>current</u>  | Does your chi  | Id require medication to be administered?   Yes No N/A  |  |  |
|      | l <b>ical management plan?</b><br>Asthma Action Plan<br>es □ No □ N/A                  | □ I will collect<br>School Care ar<br>my child's mee | r medication to staff at the Vacation Care centre my child is attending.<br>It my child's medication on the last day they attend Before/After<br>and take it to Vacation Care the first day they attend. I will also collect<br>dication on the last day they attend Vacation Care and return it to my<br>/After School Care service on the first day they attend in Term 2 2024. |  |  |

| Additional details required (please tick in yes or no box): |   |   | Yes                  | Details |
|---|---|---|----------------------|---------|
| Is child registered in Ou                                   | It of Home Care?                        |   |                      |         |
| Are there court orders                                      | or parenting plans pertaining to your   |   |                      |         |
| child?  |   |   |                      |         |
| Declaration: I, the un                                      | dersigned, agree to the above terms and | d conditic  | ons for Vacation Car | e.      |
| Carer's Name  |   | Name of other party:  |                      |         |
| (CCS claimant):   |   |   |                      |         |
| Date signed:  |   | If applicable e.g one parent is the CCS claimant, but other |                      |         |
| parent signs below entering into the arrangement            |   |   |                      |         |
| Carer's Signature:  |   | Other parties'  |                      |         |
|   |   | Signatu   | ıre:                 |         |

| Office Use Only:                 |  | Date booking form received: |       |  |
|----------------------------------|--|-----------------------------|-------|--|
| Xplor & CCS / ACCS processed by: |  |                             | Date: |  |
| Xplor & CCS / ACCS checked by:   |  |                             | Date: |  |

