

BOOKING FORM (Include with the fax transmittal sheet)

All pages either Email to (ooshnb@bigpond.com), or Post to P.O. Box 1143 Dee Why, 2099 or Fax to: 9981 2745 by Friday 17th September *with full payment*. Forms/bookings will not be accepted if all details on this page are not filled in. This information is taken on excursions and is very important for our records.

WHICH CENTRE WILL YOUR CHILD/REN BE ATTENDING?	(Please indicate, tick or shade)
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St Kevins, DEE WHY
 St. Johns, NARRAWEENA
 OLGC, Forestville

Family Details

Mothers Name: _____	Date of Birth: _____	Wk Ph: _____
Home / Mobile No: _____	Address: _____	
Fathers Name _____	Date of Birth: _____	Wk Ph: _____
Home / Mobile No: _____	Address: _____	
Main email address: _____	_____	

Emergency Contacts (who are ALSO authorised collectors but only with a password)

Contact Name _____	Relationship to Child/ren _____
Home / Mobile Phone: _____	Work Phone: _____
Contact Name _____	Relationship to Child/ren _____
Home / Mobile Phone: _____	Work Phone: _____

(If a password is not supplied, authorised collectors will not be able to collect your child/ren unless suitable identification is produced)

Password for authorised collectors to use when collecting your child: _____

Medical/Health Details

Does your child/ren have any medical conditions (eg., Diabetes, Asthma/Allergies)/Disabilities/Special Needs/
Dietary Restrictions/Food Sensitivities? _____

Doctor /Health Practitioner's Name/Phone No _____

Is your child/ren immunised?: Yes No Person NOT authorised to collect my child/ren _____

Child/ren's Name	Date of Birth	C.R.N. (Child reference no - CCB)
1. _____	_____	_____
2. _____	_____	_____

Week 1		Week 2	
Please indicate how many children will be attending each day. Permission form & excursion dates over the page must be filled in.			
Monday 27 th Sept	x kids @ \$40	Monday 4 th Oct	Public Holiday
Tuesday 28 th Sept	x kids @ \$40	Tuesday 5 th Oct	x kids @ \$45
Wednesday 29 th Sept	x kids @ \$45	Wednesday 6 th Oct	x kids @ \$40
Thursday 30 th Sept	x kids @ \$40	Thursday 7 th Oct	x kids @ \$40
Friday 1 st Oct	x kids @ \$40	Friday 8 th Oct	x kids @ \$45
Totals for each week	Week 1 \$	Week 2	\$

To receive CCB or 50% childcare rebate, parents must be CCB accessed by ringing the F A O on 136150 & then provide this information to us. Parent nominating as receiving CCB is Mum / Dad (plse circle) and their DOB is / /19 (required)	Total Fee Enclosed (For new families, please include the 2010 \$25 Family Rego fee if applicable)	\$
Family CRN _____ Do you have any other child/ren in another form of childcare Yes / No		

Declaration & Indemnity: I hereby consent to _____ (child/ren's name) attending OOSH Northern Beaches (ABN 98 399 800 352) Kids Club Vacation Care. I have read the information and conditions and I agree to abide by them. I give permission for my child to attend any excursions/incursions programmed on the days they are enrolled. I acknowledge that G & PG rated playstation games and movies may be shown at the centre or cinema. I acknowledge that my child will be exposed to all normal risks associated with participation in the program. I hereby indemnify OOSH Northern Beaches, the Centre's Licensee Mr. Chris Hegarty, officers, staff and agents, against all claims, demands, actions and liabilities and any responsibility for any accident, loss or injury suffered by my child/ren of any kind arising (other than wilful negligence) in the course of my child's/children's attendance. Should at any time OOSH Northern Beaches, its officers, servants or agents consider that my child/ren requires ambulance, medical, dental or hospital assistance, I consent to your obtaining same at my expense. I agree that I will pay all fees and charges and abide by the Policy Document of the Centre & its terms and conditions as varied from time to time and available on request. I have notified all people named on this form as required by the Privacy Act 1998, which came into force in December 2001. I give permission for my child/ren to have their photograph taken & displayed at the Kids Club centre, in the Vacation Care brochure or on the company website

Signed: Parent/Guardian) _____ Name in Full _____ Date ____/____/2010

FACSIMILE TRANSMITTAL SHEET – Vac Care

Please fax this transmittal sheet and the booking form to:
02 9981 2745 by: Friday 17th September 2010

TO:	CHRIS HEGARTY	FROM:	
FAX:	02 9981 2745	DATE:	/ /2010
RE:	VACATION CARE PAYMENTS October 2010		

EXCURSION AND OTHER PERMISSION FORMS

I _____ hereby give permission for my child/ren, _____

& _____ to attend the excursion(s) and incursions (where children are possibly transported by experienced staff to other centres to participate in activities). On occasion students may also be walking to various excursions (ie: 10 pin bowling) with staff members.
(Tick boxes child/ren are attending and write child/rens names in appropriate boxes.)

<input type="checkbox"/>	Incursions (where necessary)	
<input type="checkbox"/>	29 th September ANZ Stadium	
<input type="checkbox"/>	5 th October Sydney Aquarium and Wild life world	
<input type="checkbox"/>	8 th October Warriewood Cinemas	

I have read and accept the above and the program booklet information.

Signed: _____ Name in Full _____ Date ____/____/____

CREDIT CARD AUTHORISATION

PLEASE CHARGE MY CREDIT CARD WITH THE TOTAL FEE OF \$ _____ *

(please include family registration fee of \$25.00, if applicable)

Card: Visa MasterCard

Card Number:

____ / ____ / ____ / ____

Cardholder Name: _____ Expiry Date on Card: ____ / ____

Signature: _____ Date of Signature : ____ / ____ / 20

* I AUTHORISE A VARIANCE TO THE ABOVE FEE OF UP TO \$20 (PLUS OR MINUS) TO COVER ANY SMALL CREDIT OR OUTSTANDING FEE THAT MAY BE ON MY ACCOUNT OR A CHANGE TO MY CCB RATE, WHICH MAY BE APPLICABLE @ THE TIME.

On Line Transfer Information: (Reference: Family surname and child's initial)

Account: OOSH Northern Beaches Bank: Commonwealth Bank of Australia BSB: 06 2127 Account No: 10126964

Payment Option

Please use my existing direct debit authority.

Back Account

OR

Credit Card

For your fridge (Please remove for your own record)

Locations and addresses	<u>Dee Why (St Kevin's Catholic School) - 71 Oaks Avenue Dee Why</u> <u>Narraweena (St Johns Catholic School) – 166 Alfred Street, Narraweena</u> (entry from Waratah Pde) <u>Forestville (OLGC School) – 11 Currie Rd, Forestville</u>
Kids Club Phones:	0425 219 953 (St Kevin's Dee Why) 0430 074 015 (St Johns, Narraweena) 0425 221 331 (OLGC)
Excursions Ph: Head Office Ph:	02 9984 8089 (head office) Fax: 02 9981 2745 OR 0423 739439 (Courtney)
Web Page:	Visit our new web page www.ooshnb.com.au
Chris Hegarty:	0411 758 064 Emergencies only
Postal Address:	PO Box 1143 DEE WHY NSW 2099
CCB.	To receive the childcare rebate, new families need to be CCB accessed
Email:	OOSHNB@bigpond.com

- 1) On excursion days and occasional incursion days, children should be at the centre by 9.00am (at the latest) in preparation for a briefing, final numbering and departure on our bus.
- 2) Please contact the centre (see above) by 9.00am if your child is not be attending any day.
- 3) On every excursion children must wear enclosed shoes with socks
- 4) All centres allow for great parking but please **do not** park in front of driveways as this is dangerous for both pedestrians and children. Parking **IS** available in the school.

For your own record circle the days your child is attending, same as those on your official booking sheet and keep this page safe (ie: on the fridge).

VACATION CARE DAYS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
WEEK 1	INCURSION \$40	INHOUSE \$40	EXCURSION \$45	INHOUSE \$40	INCURSION \$40
WEEK 2	Public Holiday	EXCURSION \$45	IN HOUSE \$40	INCURSION \$40	EXCURSION \$45
TOTAL:					