

# BOOKING FORM (Include with the fax transmittal sheet)

All pages either Email to ([ooshnb@bigpond.com](mailto:ooshnb@bigpond.com)), or Post to P.O. Box 1143 Dee Why, 2099 or  
 Fax to: 9981 2745 by **Friday 9<sup>th</sup> December 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 by tick or shading)

St Kevins, DEE WHY

St Johns, NARRAWEENA

## 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 (e.g. Diabetes, Asthma/Allergies)/Disabilities/Special Needs/  
 Dietary Restrictions/Food Sensitivities? \_\_\_\_\_

Doctor /Health Practitioner's Name/Phone No \_\_\_\_\_

Is your child/ren immunised?:  Yes  No \_\_\_\_\_

Child/ren's Name	Date of Birth	CRN (Child reference no.)
1. _____	_____	_____
2. _____	_____	_____

**Please indicate how many children will be attending each day. Cost is \$45 per day per child less any CCB  
 Permission form & excursion dates over the page must be filled in.**

	Week 1 only at Narraweena		Week 2		Week 3		Week 4		Week 5	
M	19 <sup>th</sup> Dec	X kids	2 <sup>nd</sup> Jan	Closed	9 <sup>th</sup> Jan	X kids	16 <sup>th</sup> Jan	X kids	23 <sup>rd</sup> Jan	X kids
T	20 <sup>th</sup> Dec	X kids	3 <sup>rd</sup> Jan	X kids	10 <sup>th</sup> Jan	X kids	17 <sup>th</sup> Jan	X kids	24 <sup>th</sup> Jan	X kids
W	21 <sup>st</sup> Dec	X kids	4 <sup>th</sup> Jan	X kids	11 <sup>th</sup> Jan	X kids	18 <sup>th</sup> Jan	X kids	25 <sup>th</sup> Jan	X kids
TH	22 <sup>nd</sup> Dec	X kids	5 <sup>th</sup> Jan	X kids	12 <sup>th</sup> Jan	X kids	19 <sup>th</sup> Jan	X kids	26 <sup>th</sup> Jan	Closed
F	23 <sup>rd</sup> Dec	X kids	6 <sup>th</sup> Jan	X kids	13 <sup>th</sup> Jan	X kids	20 <sup>th</sup> Jan	X kids	27 <sup>th</sup> Jan	X kids
	<b>Wk 1 Total</b>	\$	<b>Wk 2 Total</b>	\$	<b>Wk 3 Total</b>	\$	<b>Wk 4 Total</b>	\$	<b>Wk 5 Total</b>	\$

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)	<b>Total Fee Enclosed</b> (For new families, the 2011 Registration fee of \$25 will be added automatically)
Family CRN _____ Do you have any other child/ren in another form of childcare Yes / No How many? _____	

**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 \_\_\_\_/\_\_\_\_/\_\_\_\_

## FACSIMILE TRANSMITTAL SHEET – Vac Care

Please fax this transmittal sheet and the booking form to:  
02 9981 2745 by: 9<sup>th</sup> December 2011

TO:	CHRIS HEGARTY	FROM:	
FAX:	02 9981 2745	DATE:	
RE:	VACATION CARE PAYMENTS Dec/ Jan 2012		

### 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"/>	AMF Bowling
<input type="checkbox"/>	Imax Theatre	<input type="checkbox"/>	Dee Why Beach Park
<input type="checkbox"/>	Warriewood Cinemas	<input type="checkbox"/>	Putt Putt Warriewood
<input type="checkbox"/>	Wildlife world Darling Harbour		

I have read and accept all of the above and program booklet information

Signed: \_\_\_\_\_ Name in Full \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Parent/Guardian)

### 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 : \_\_\_\_/\_\_\_\_/2011

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

### OR Payment Option

Please use my existing direct debit authority (but will be deducted on receipt of the booking form)

Bank Account

**OR**

Credit Card