

VACATION CARE FAMILY INFORMATION 2008**CHILDREN'S FULL NAMES:**

1. SEX: M / F D.O.B: Resides with: Mother / Father
2. SEX: M / F D.O.B: Resides with: Mother / Father
3. SEX: M / F D.O.B: Resides with: Mother / Father
4. SEX: M / F D.O.B: Resides with: Mother / Father

PARENT OR GUARDIAN INFORMATION:

The custodial parent (if applicable) is:

MOTHERS NAME: FATHERS NAME:

HOME ADDRESS: HOME ADDRESS:

PHONE (H): PHONE (H):

(W): (W):

MOBILE: MOBILE:

Place of Employment: Place of Employment:

EMAIL: EMAIL:

EMERGENCY CONTACT PERSON:

NAME: RELATIONSHIP TO CHILD:

ADDRESS:

PHONE (H): (W): (M):

CONSENT DETAILS:

Please name three people (if applicable) who are authorised to collect your child/ren from our Centre

1. Ph: Relationship:

2. Ph: Relationship:

3. Ph: Relationship:

MEDICAL DETAILS: (Will not affect acceptance of child, but is needed in case of emergencies)

FAMILY MEDICARE NO:

FAMILY'S MEDICAL PRACTITIONER/S (Doctor and Dentist)

Name: Phone:

Address:

Name: Phone:

Address:

1. Is your child / ren affected by any of the following? Asthma; Epilepsy; Frequent Headaches; Diabetes; Convulsions; Fainting Spells; Hearing or Sight Problems etc.

Comments:
.....
.....

2. Do your child / ren have any Allergies? Food Allergy; Insect Stings; Penicillin or other drugs etc?

Comments:
.....

3. Immunisation History: Is your child/ren up to date with their immunisations? YES / NO

4. Do your child / ren suffer from any emotional or behavioural problems which should be brought to the attention of the YMCA Staff in the interest of the child and the program?

Comments:
.....

5. Do you object to the application of antiseptic and band-aids for the treatment of minor injuries? **YES / NO**

6. Do you object to your children being given (1) one Panadol if required? **YES / NO**

7. Please note any special requirements for your child/ren including cultural; religious; court orders; previous / healing injuries or any other special needs:

Comments:
.....

I agree to the above person(s) attending the YMCA Activities and will not hold the YMCA, its staff or volunteers responsible for any / or loss of property and / or accident. I also give my permission for medical / ambulance assistance in case of emergency and agree to pay such costs incurred. I understand that the YMCA vacation care fees are non-refundable.

I give permission for my child/ren to be photographed or videoed while participating in an activity by YMCA Staff. I give consent for the photos or video to be used for publicity if required.

I give permission for my child/ren to be transported to and from Activities planned either by foot or with the Saintys Coaches or YMCA car when required. (In the case of an emergency or incident the YMCA Lancer Sports Wagon FF8248 may be used to transport your child if necessary).

Signature of Parent/Guardian: Date:



VACATION CARE ENROLMENT FORM

I wish to enrol my child / ren in the Vacation Care program as stated below:

- Code 1** - Monday 8th September
- Code 2** - Tuesday 9th September
- Code 3** - Wednesday 10th September
- Code 4** - Thursday 11th September
- Code 5** - Friday 12th September
- Code 6** - Monday 15th September
- Code 7** - Tuesday 16th September
- Code 8** - Wednesday 17th September
- Code 9** - Thursday 18th September
- Code 10** - Friday 19th September

Please list child's name and code number you wish to attend for this program

Child's Surname	Child's First Name	Activity Code attending
(eg) Citizen	John Junior	1 - 3 - 5 - 9

Approximate Arrival Time: Departure Time:

Are you claiming Child Care Benefit? YES / NO

Hours allowed per week: 24 hours per child / 50 hours per child

Family Reference Number: Percentages:.....

Name of Child: Centrelink Reference Number:

Name of Child: Centrelink Reference Number:

Name of Child: Centrelink Reference Number:

Name of Child: Centrelink Reference Number:

PLEASE TURN OVER

EXCURSION PERMISSION FORM

- ✓ **Staff have assessed the excursion in order to identify, assess and manage any hazards associated with all excursions. Please speak with the staff if you wish to discuss this further.**

I give my permission for (please name your child/ren)

.....

to attend the excursion(s) as outlined by the YMCA and for which I have enrolled for as above.

Name of parent/guardian:

Signature of parent/guardian: Date:

Please remember bookings will not be confirmed unless you have either paid a 50% deposit or payment in full prior to the program commencing. Balance of fees must be paid the first day your child (ren) attends. Thankyou.

METHODS OF PAYMENT

Payment through mail: Cheques should be made payable to "YMCA of Launceston" and posted to the above address. Alternatively, mail the return slip below.

Personal payment: Present this, with your payment, to the office during office hours (9.30am to 4.30pm Monday to Thursday) Payment can be made in cash, cheque, credit card or debit card.

Payment by phone: Contact our office by telephone, during office hours, on (03) 6344 3844 and ask for Jodie Johnson. You will be asked to supply the relevant details from your credit card and a receipt will be issued if requested.

Payment by Direct Credit:

Name of Bank & Branch: Commonwealth Bank; Hobart Road, Kings Meadows

Name of Account: Young Men's Christian Association of Launceston Inc

BSB: 06 7603 Account No: 10206698

Mail Payment – tear off section

September 2008 Vacation Care Program

Please debit credit card (tick 1 box) VISA MASTERCARD BANKCARD

For the amount of \$ Card No: _____

Expiry date: __ __ Cardholder's signature:

Please print your Name & Address:

.....

Office Use Only:

Formula CCB Fees: \$3.37 x (Hours) x CCB% x 85% (School Child) Assessment is current & approved:

<u>Week One:</u>	TCCF= \$	Hours:	<u>Week Two:</u>	TCCF= \$	Hours:
EF = \$			EF = \$		
CCB= \$			CCB= \$		
Total = \$			Total= \$		

Date	Amount received	Method of Payment	Staff Signature

