SYNDAL SOUTH PRIMARY SCHOOL OSHC

HOLIDAY PROGRAM JULY 2011

SSPS Holiday Program is a non-profit childcare organisation/service for children currently attending primary school. The School Holiday Program offers a range of activities, experiences and excursions appropriate for primary school aged children, including children with additional needs. Our program is Quality Assured by the National Childcare Accreditation Council and is approved for Child Care Benefit.

MONDAY 4th –FRIDAY 15th JULY 2011 PROGRAM RESTRICTED TO 50 PLACES PER DAY

Hours of operation NEW OPENING TIME 7:30am-6:30pm

CONTACT US:

Telephone: 03 9886-8483 Fax: 03 9886-1301 Email: ohsc.syndal.south.ps@edumail.vic.gov.au
Address: 14-16 Montgomery Ave, Mt Waverley Victoria 3149

APPLICATION CLOSING DATE FRIDAY 24TH JUNE 2011.

ENROLMENT IS AVAILABLE FOR NON SYNDAL STH STUDENTS FROM MONDAY 13TH JUNE 2011
INFORMATION FOR FAMILIES

1. ENROLMENT PROCEDURE
Check cancellation policy before making a booking.
Complete all sections of enrolment form.
Read all Information material enclosed.
Hand in/ fax or post your Enrolment application with payment to the O.S.H.C program.

2. ELIGIBILITY/ALLOCATION OF PLACES
According to government guidelines and the services priority of access policy, only children currently attending primary school or special school are eligible to attend SSPS Holiday Program.
Places will be allocated on a first in first served basis according to the priority of access guidelines from the Commonwealth Department of Family and Community Services, as follows.

Priority 1: SSPS students only from
Priority 2: Non SSPS students
Priority 1: Children at risk of abuse or neglect.
Priority 2: Families with recognised work or work-related commitments.
Priority 3: All other families.
To ensure a place on the days you require care, send your enrolment form in as soon as possible.
-We accept bookings from children who don't attend SSPS from Monday 14th June 2011

3. CANCELLATIONS
Payment is required for all booked days.
Refunds will not be available for Cancellations after FRIDAY 24TH JUNE 2011.
To make a cancellation or alter a booking call the Coordinators on (03) 9886-8483.

CANCELLATION POLICY #NEW CONDITION #MEDICAL CERTIFICATES WILL NOT BE ACCEPTED FOR ALL PROGRAMS
The SSPS Holiday Program operates on a booked care system. All bookings are expected to be paid for in FULL BY THE DUE DATE, WITH NO REFUNDS AVAILABLE.
ALL BOOKINGS MUST BE CANCELLED BY CLOSING DATE TO RECEIVE REFUND CANCELLATIONS/ NON ATTENDANCES DURING PROGRAM DO NOT RECEIVE A REFUND.
After FRIDAY 24th JUNE 2011 any changes to bookings or cancellations will be charged at the regular daily fee less CCB unless a family from the waiting list can fill the position. To avoid incurring this fee please ensure that ALL leave arrangements, family holidays and appointments etc are all in order as none of these instances warrant a waiving of the cancellation fee. A copy of the policy is available from the parents policy folder on site.

4. CHILD CARE BENEFIT (CCB)
If claiming CCB for the 1st time contact the Family Assistance Office Ph. 136 150 you will need Ref no. 406-960-473B
If already registered please issue the program with the child/rens and parents CRN Numbers and birth dates to access the online system, and receive benefit.

CALCULATING YOUR FEES & CCB
The following information is provided to help you calculate your fees. There are 3 ways to calculate your fees: 1. Look at your previous account statements.
2. Manual calculation For each child and each week, complete the following steps
   a. Add up the total fee for the week, ($42.00 per child per day)
   b. Calculate the Child Care Benefit. Using the following sum ($3.47 x (eligible hours x CCB%)
SSPS Holiday Program operates for 11.25hrs per day calculate according to your care needs note your FAO letter will indicate your limit 24hrs or 50 hrs per week.
For CCB% refer to your letter from the Family Assistance Office or contact them for your percentage.
3. Ask the coordinator to calculate it.

5. CONFIRMATION OF ENROLMENT
No confirmation letter is sent.
You will only receive notification if places you require are NOT available. If places are Not available you will be put on the waiting list and notified by phone as soon as a place becomes available.
Or we can advise you of other programs in the area.

6. FEE PAYMENT
Fees can be paid by the following methods:
-Complete credit card slip or direct debit form & include with enrolment application.
-Pay by cheque & include with enrolment application.
-Pay by cash at the O.S.H.C program. Please have exact money
7. FEE SCHEDULE

7.30am-6.30pm   DAILY COST $46 per child per day

PLUS ACTIVITY COST SEE BOOKING SHEET
Late pick up fee   $5.00 per min after 6.30pm
Late booking fee   $5.00 if booked after closing date if places available

8. BEHAVIOUR MANAGEMENT

SSPS Holiday Program staff will work with families to positively guide children’s behaviour at the service. Our behaviour management policy (available in parent handbook) combines positive reinforcement of good behaviour and the relevant consequences for inappropriate behaviour.

We do, however, reserve the right to cancel a child’s booking (in consultation with parents/guardians) when their behaviour continually threatens the positive & safe environment we create.

Behaviour Management Policy available

9. DROPPING OFF & COLLECTING OF CHILDREN

All children are required to be signed in by their parent/guardian when dropped off & signed out when collected at the end of each day.

Parents/guardians are required to inform any other people nominated to pick up their child/ren that the service will ask for ID if they are unfamiliar to them.

10. WHAT TO BRING / WEAR

All children must bring:
- Backpack-school bag is suitable
- A packed lunch.

We have facilities to reheat food. We appreciate it being named & PLEASE check daily activities as some excursions require a packed lunch.
- Refillable drink bottle.
- Shoes & socks. –no thongs allowed
- Appropriate clothing should be worn for indoors and outdoors.
- Hat for sun smart periods-Term’s 1, 2 & 4 (includes holiday programs following each term).

NO BASEBALL CAPS

11. WHAT NOT TO BRING

Children are not permitted to use Nintendo DS, Ipod, Phone or any other personal game or music device in the program. If they are brought in, they will be taken and locked away for safe keeping and returned at the end of the day to the parent.

12. LOST PROPERTY

Please label your child’s clothing clearly & check the lost property box daily. We do not accept responsibility for the loss of children’s belongings during the program.

BOOKINGS CLOSE FRIDAY 24TH JUNE 2001

13. ANAPHALAXIS/PEANUT ALLERGY MANAGEMENT

No NUT PRODUCTS to be sent to the program, or you will be putting our children at risk of death.

STUDENT PROFILE AND DAILY REFLECTION BOOKLETS/DVD'S

WHY HAS THIS EXPERIENCE PROFILE DOCUMENT BEEN DEVELOPED?

A National Quality Framework is being introduced and it will provide parents, communities and operators of early childhood education and care services with a nationally consistent, streamlined and integrated licensing and accreditation system which ensures quality standards are implemented and maintained across all services. The new quality system will be inspirational and it may take some time to implement the full suite of standards to the highest quality level. This is an opportunity to identify key areas of quality that improve outcomes for children.

It will include the Early Years Learning Framework linked to the national quality standards which will underpin early childhood education and care. The framework will guide early childhood educators in developing quality early childhood programs. For the first time Australia will have a National Early Learning Framework which recognises that children learn from birth and in all care environments and that learning in schools builds on these foundations.

WHAT HAS BEEN USED TO CREATE THIS DOCUMENT?
The following document has been developed by our service with the newly introduced Victorian Early Years Framework – Belonging Being & Becoming, the Framework for School Aged Children- My Time My Place and the soon to be introduced National Quality Framework.

Booklets/discs are distributed approx 4 weeks after the program has finished. When received we hope you enjoy looking through the booklet and seeing the experiences your child has had during their time at Syndal South Primary School April 2011 Holiday Program.
ENROLMENT DETAILS Enrolment Date:
A parent or guardian who has lawful authority in relation to the child must complete this form. A brief explanation of lawful authority is found at the end of this form. Licensed children’s services may use this form to collect the child’s enrolment information as required in regulations 31 to 35. Questions marked with an asterisk * are not required by the Regulations, but you are encouraged to answer these to assist the service in caring for your child.

S.S.P.S HOLIDAY PROGRAM ENROLMENT/BOOKING FORM

<table>
<thead>
<tr>
<th>Child care benefit cannot be applied without this information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centrelink Reference Number for the family ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___</td>
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</tbody>
</table>

Parent’s FULL NAME ___________________________________________ and DATE OF BIRTH ___/___/____

This enrolment application will not be processed unless a Centrelink Reference Number and date of birth is clearly indicated here. Call the Family Assistance office on 13 61 50 to get your number if you do not have it. If you DO NOT intend to claim Child Care Benefit as reduced fees, we will still need your Centrelink Reference Number to comply with government reporting requirements.

☐ (please tick)THE PROGRAM HAS BEEN ISSUED THIS INFORMATION DURING PREVIOUS ATTENDANCES

☐ I do not want to claim Child Care Benefit.

PARENT/GUARDIAN DETAILS (This must be the person whose reference number is listed above)

Last Name:                                                        First Name:                                              Relationship to child:  
Street address:                                                                               Suburb:                                                Post Code:  
Mobil Phone:                                                   Home Phone:                                               Work Phone:  
D.O.B:                                                             E-mail:  
Is this person authorised to collect your Child/ren?  YES   NO  
Are you responsible for Payment?  YES   NO  
If no, please provide details of responsible person:  

PARENT/GUARDIAN DETAILS

Last Name:                                                        First Name:                                              Relationship to child:  
Street address:                                                                               Suburb:                                                Post Code:  
Mobile Phone:                                                                   Home Phone:                                               Work Phone:  
D.O.B                                                                 E-mail:  
Is this person authorised to collect your Child/ren?  YES   NO  
ADDIITIONAL ADULT CONTACT DETAILS (must be over 18 years old)

Please nominate 1 other adult (other than Parent/Guardian listed above) to contact in case of emergency:

Last Name:                                                        First Name:                                              Relationship to child:  
Mobile Phone:                                                                   Home Phone:                                               Work Phone:  
Is this person authorised to collect your child/ren?    YES  NO  

BACKGROUND INFORMATION

Has your Child/ren attended SSPS Holiday Program Before?   YES / NO  
Do you give permission for your child/ren to be photographed during the program?   YES / NO  
Do you give your permission for your child/ren to watch PG rated movies under the supervision of staff at the program? YES/NO  
Are there any court orders that affect any of the children listed on this enrolment application (please attach)? YES / NO  
What is the primary language spoken at home?  

Child care benefit cannot be applied without this information

Centrelink Reference Number for the family ___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___
Health information

Does your child have any special needs? Yes _ No _
If yes please provide details of any special needs and any management procedure to be followed with respect to the special need.

________________________________________________________________________

________________________________________________________________________

Anaphylaxis
Has your child been diagnosed at risk of anaphylaxis? Yes _ No _
Does your child have an auto injection device (eg EpiPen®)? Yes _ No _
Has the anaphylaxis medical management plan been provided to the service? Yes _ No _
Has a risk management plan been completed by the service in consultation with you? Yes _ No _

In the case of anaphylaxis you will be provided with a copy of the services anaphylaxis management policy.

You will be required to provide the service with an individual medical management plan for your child signed by the medical practitioner who is treating your child. This will be attached to your child’s enrolment form.

More information can be found at www.education.vic.gov.au/anaphylaxis

Does your child have a child health record? Yes _ No _  If yes, please provide to the service for sighting.

Child health record means a record that documents a child’s health and development assessments and immunisations.

Name and position of person at the children’s service who has sighted the child’s health record.

________________________________________________________________________

Confidentiality of enrolment records

The proprietor of the children’s service must ensure that information in the child’s enrolment record is not divulged to another person unless necessary for the care or education of the child, to manage medical treatment of the child, where expressly authorised by the parent or prescribed in the Children’s Services Regulations 2009 (regulation 35(1)(d-e))

I ____________________________ (name) declare as the person with lawful authority of the child referred to in this enrolment form that the information provided is true and correct and undertake to immediately inform the children’s service in the event of any change to this information.

Parent’s signature: ____________________________ Date: ______________________________

Lawful Authority

Parents

All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The Children’s Services Regulations 2009 refer to these powers and responsibilities as “lawful authority”. It is not affected by the relationship between the parents, such as whether or not they have lived together or are married. A court order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.

Guardians

A guardian of a child also has lawful authority. A legal guardian is given lawful authority by a court order. The definition of “guardian” under the Children’s Services Act 1996 also covers situations where a child does not live with his or her parents and there are no court orders. In these cases, the guardian is the person the child lives with who has day-to-day care and control of the child.

Court orders relating to the child

Are there any court orders relating to the powers, duties, responsibilities or authorities of any person in relation to the child or access to the child?  No ☒ go to the next section. Yes ☐ please complete the following:

1. Bring the original court order/s for staff to see and a copy to attach to this enrolment form;

2. If these orders:
   a) change the powers of a parent/guardian to:
      • authorise the taking of the child outside the service by a staff member of the service;
      • in the case of a family day care service, the taking of the child outside the family day care service venue by a family day carer;
      • consent to the medical treatment of the child;
      • request or permit the administration of medication to the child;
      • collect the child from the service or family day care, AND/OR
   b) give these powers to someone else,  
   please describe these changes and provide the contact details of any person given these powers:

Details of people who you authorise to collect you child.

Your consent is required for other people to collect the child from the children’s service on your behalf. In the table below please list the details of those people you have authorised to collect the child. This list may be added to or changed throughout the year.

In the event that the child is not collected from the children’s service and the parents or guardians cannot be contacted, this list will also be used to arrange someone to collect the child.

Name
Address
Telephone/s

(H) (W)
Child’s health information
Name Doctor/Medical Service: Telephone:
Address Doctor/Medical Service:
*Maternal & Child Health (MCH) Centre:

*Other information
If there is anything else that the children’s service should know about the child? (eg excessive fears, favourite activities, attending other early childhood service or early intervention service, etc)

- -

Declaration and consent to emergency medical treatment
I, (Print full name) a person with lawful authority of the child referred to in this enrolment form,
• declare that the information in this enrolment form is true and correct and undertake to immediately inform the children’s service in the event of any change to this information;
• agree to collect or make arrangements for the collection of the child referred to in this enrolment form if s/he becomes unwell at the service;
• consent to the proprietor or in the case of a family day care, the family day care service to seek medical treatment for the child from a medical practitioner, hospital or ambulance service.

Lawful Authority
Parents
All parents have powers and responsibilities in relation to their children that can only be changed by a court order. The Children’s Services Regulations 2009 refer to these powers and responsibilities as “lawful authority”. It is not affected by the relationship between the parents, such as whether or not they have lived together or are married. A court order, such as under the Family Law Act, may take away the authority of a parent to do something, or may give it to another person.

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Proprietors are reminded of their requirement to comply with the Information Privacy Act 2000, which requires a Privacy Collection Statement to accompany any enrolment form.

CONFIDENTIAL CHILD/REN DETAILS

Child’s name(1):
CHILDS CRN:
Date of Birth:
Year Level: Male/Female
Allergy to band aids: YES/NO
Allergy to elastoplasts: YES/NO
Asthma: YES/NO
Medical condition: YES/NO
Medication: YES/NO
If yes fill out medication form on arrival
Does your child have any care needs that we need to be aware of? YES/NO
Please clarify..........................................................................................
..........................................................................................
BOOKING INFORMATION

Please circle the days you would like your children to attend the holiday program.

<table>
<thead>
<tr>
<th></th>
<th>CHILD 1</th>
<th></th>
<th>CHILD 2</th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>MON</td>
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<tr>
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<td>4/6</td>
<td>5/6</td>
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</tr>
<tr>
<td>Cost</td>
<td>$50</td>
<td>$55</td>
<td>$50</td>
<td>$55</td>
</tr>
<tr>
<td>WK 2</td>
<td>11/6</td>
<td>12/6</td>
<td>13/6</td>
<td>14/6</td>
</tr>
<tr>
<td>Cost</td>
<td>$52</td>
<td>$49</td>
<td>$55</td>
<td>$50</td>
</tr>
</tbody>
</table>

Domino pizza lunch  Wednesday 6th July  please tick option

☐ Tropical Chicken  ☐ Schoolie Supreme

☐ The Veg

Each child will receive a quarter slice of their chosen pizza served in an individual box.

Subway Lunch Friday 15th July

4 INCH ROLL + PRIMA/WATER + COOKIE/APPLE/YOGHURT

PLEASE TICK 1 OF THE FOLLOWING OPTIONS. THANK YOU!

Please choose 1. MEAT

☐ CHICKEN  ☐ HAM  ☐ TURKEY

SALAD + SAUCES Please choose any.

☐ LETTUCE  ☐ TOMATO  ☐ CUCUMBER

☐ CARROT  ☐ CHEDDAR CHEESE

☐ TOMATO SAUCE  ☐ MAYO

DRINK Please choose 1.

☐ APPLE  ☐ ORANGE  ☐ WATER

COOKIE/APPLE/ YOGHURT Please choose 1.

☐ COOKIE  ☐ APPLE  ☐ YOGHURT