

FORM: KIDZ – 06
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Initial Issue: March 2013
 Updated : March 2015

**Vacation Care Online Booking
 Confirmation Form**

PCYC Policies & Procedures

Have you used this service before? Y N

Child Details (To assist in Hubworks recognition)

Details	Child 1	Child 2	Child 3
Child First Name:			
Surname:			

Parent/Guardian Details

Please note: Unless notified in writing, prior to care, Parent 1 will be responsible for fee payment

Details	CCB Parent/Parent 1/Guardian 1	Parent/Guardian 2
First Name:		
Surname:		

Additional Information:

Will you have any other children attending Long Day Care or Family Day Care during this period?

Yes (Number _____) No (If Yes, please let us know how many as this will increase CCB)

Are there any custody/access issues that staff should be aware of?

(Please provide the Coordinator with a copy of Court Orders or Orders of the Family Court details prior to child starting care)

Health

Will your child require staff to administer regular medication?

Yes
 No

(If yes, please complete the Medical Management form)



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Bookings

Date _/_/___	Child 1	Child 2	Child 3	Date _/_/___	Child 1	Child 2	Child 3
Mon							
Tues							
Wed							
Thurs							
Fri							

Date _/_/___	Child 1	Child 2	Child 3	Date _/_/___	Child 1	Child 2	Child 3
Mon							
Tues							
Wed							
Thurs							
Fri							

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Parent/Guardian Certification

Please read the following statements carefully prior to signing and dating this Certification

1. I give permission for the centre to seek medical advice and treatment for my child in case of an emergency. If transport by ambulance is necessary, I agree to meet the costs.
2. I have completed any illness or allergy management plans that relate to my child(ren).
3. I understand and agree that it is my responsibility to inform the service Coordinator of any changes involving the provision of medication that my child requires. I accept full responsibility for the provision of this medication and staff at the centre are doing so under my instruction.
4. I am aware that I must provide any medication in its original packaging with my child's name and the dosage required clearly labelled.
5. I certify the information provided in Hubworks is true, up to date and accurate and I will notify the service of any change of relevant information.
6. I agree that my child(ren) utilizing the service are PCYC members.
7. I agree to pick up my child(ren) prior to the stated closing time. If late, I agree to pay a late collection fee of \$20 per 15 minutes or part thereof.
8. I agree to have my child collected by an authorized person on a daily basis and for this person to sign my child out on each occasion.
9. I understand that I am required to pay regularly for all booked days (as advised by staff on enrolment) and that I must advise staff of absences or I may still be charged for that day. (By 10am, 2 days prior to absence/change of booking)
10. I agree to allow PCYC KidzCare to take my child/ren on regular outings to local parks, and do not require a separate excursion form for these activities.
11. I agree to my child being photographed for promotional and other purposes (this may include social media)
12. I agree to advise staff of any special needs my child may have.
13. I agree to allow PCYC KidzCare to use sunscreen on my child.
14. I agree to allow my child(ren) to watch G rated movies/computer games while attending PCYC KidzCare.
15. I have read the Parent Information Booklet provided by the PCYC KidzCare and agree to abide by its policy and guidelines.

Parent/Guardian 1

Parent/Guardian 2

Date

Date