



## BOOKING FORM FOR OAKLEIGH GRAMMAR HOLIDAY PROGRAM SEPTEMBER - OCTOBER 2017

|  |   |                                     |      |               |
|--|---|-------------------------------------|------|---------------|
| First Name:  | Surname:  | Date of Birth: / /                  | Age: | Gender: M / F |
| School Attending:  | The above child resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian |                                     |      |               |
| Are there any court orders that are in affect? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide a copy to this service  |   |                                     |      |               |
| Does your child have any additional needs? (e.g. asthma, autism, allergies, anaphylaxis, ADHD) <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, please provide details and a current action plan if relevant. |   |                                     |      |               |
| Does your child require any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details  |   |                                     |      |               |
| Do we have permission to photograph your child for program promotion and publications/website? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |                                     |      |               |
| Do we have permission to apply sunscreen to exposed areas? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |                                     |      |               |
| Are your child's immunisations up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No  |   | Child CRN (different to family CRN) |      |               |
| Does your child have any dietary restriction? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide details.   |   |                                     |      |               |

**Emergency Contacts:** These people are authorised to collect and sign for your child and will be notified in an emergency situation if required. As such, please list only those persons you authorise to give consent to the administration of medical treatment or medication in an emergency. These people must be over 18 years of age and also be within a reasonable travelling distance from this service. **MUST BE OTHER THAN PARENT/GUARDIAN.**

|                        |                        |
|------------------------|------------------------|
| Name:                  | Name:                  |
| Relationship to Child: | Relationship to Child: |
| Address:               | Address:               |
| Home Phone:            | Home Phone:            |
| Work Phone:            | Work Phone:            |
| Mobile Phone:          | Mobile Phone:          |

**\*TICK THE DAYS YOU WISH TO BOOK AND COMPLETE RELEVANT DAILY FEES FOR YOUR CHILD.**  
**\*1<sup>ST</sup> CHILD \$55 PER DAY, ALL OTHER CHILDREN \$50 PER DAY.**

| SEPTEMBER - OCTOBER 2017   |       |                                |  |      |    |
|--|-------|--------------------------------|--|------|----|
| Monday   | 25/09 | \$                             | Monday   | 2/10 | \$ |
| Tuesday  | 26/09 | \$                             | Tuesday  | 3/10 | \$ |
| Wednesday  | 27/09 | \$                             | Wednesday  | 4/10 | \$ |
| Thursday   | 28/09 | \$                             | *Thursday  | 5/10 | \$ |
| Friday   | 29/09 | Grand Final Eve Public Holiday | Friday   | 6/10 | \$ |
| Please note: Additional cost of \$8.75 for in school visit on Wednesday 27 September will be applied |       |                                | Please note: Additional cost of \$13.50 for excursion on Wednesday 4 October will be applied |      |    |
|  |       |                                |  |      |    |
|  |       |                                |  |      |    |
| Sub total  |       | \$                             | Sub total  |      | \$ |

**Total Program Fees \$ \_\_\_\_\_**

**PLEASE NOTE:**

**All sessions will initially be capped at 22 children due to ratio requirements. Groups may be extended to a maximum of 40 dependent on interest and based on required staffing ratios, as required. All bookings will be processed on a first in, first served basis.**

**FAMILY DETAILS**

Please complete all relevant details below.

| Parent/Guardian One:   | Parent/Guardian Two:   |
|------------------------|------------------------|
| Name:                  | Name:                  |
| Email:                 | Email:                 |
| Parent CRN:            | Parent CRN:            |
| Address:               | Address:               |
| Relationship to Child: | Relationship to Child: |
| Home Phone:            | Home Phone:            |
| Work Phone:            | Work Phone:            |
| Mobile Phone:          | Mobile Phone:          |
| Date of Birth:         | Date of Birth:         |

| General Family Information  |   |
|---|---|
| Are you Aboriginal or Torres Strait Islander family? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |
| Does your family have non-English speaking background? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list country of origin:<br>If Yes, what is the main language spoken at home? |   |
| Doctor:   | Phone: Address:   |
| Medicare Number:  | Ambulance subscription: <input type="checkbox"/> Yes <input type="checkbox"/> No Subscription Number: |

**\*Please use this option if you do not attend Oakleigh Grammar. You may also pay by cash/cheque.**

|   |                              |
|---|------------------------------|
| Credit Card Payment Option – The credit cards below are accepted for payment. Please enter your details |                              |
| Cardholder's Name: _____ (please print)   |                              |
| MasterCard / Visa / AMEX (please circle)  |                              |
| Card Number: _____  | Expiry Date: ____ / ____     |
| Cardholder's signature: _____   | Date: _____ Amount: \$ _____ |

**\* No Payment** is required if your child attends Oakleigh Grammar. You will be invoiced with your next School Fees invoice.

**Parent/Guardian Declaration**

I, the undersigned, approve of my child's involvement in Oakleigh Grammar's Holiday Program and I have read all conditions on this form. I give permission for my child to participate in activities organised for the days my child will be attending. I authorise staff, in the event of accident or illness, to obtain all necessary medical assistance and treatment for my child and agree to meet any expenses attached to such treatment. I give permission for OG staff administer appropriate medical attention and first aid for my child in an emergency. I acknowledge that my child will not attend the program if suffering from an infectious or contagious disease. I agree to collect or make arrangements for the collection of the child referred to in this enrolment form if he/she becomes unwell at the service. Oakleigh Grammar does not accept any liability for personal injury, property damage, personal items (such as spectacles, jewellery and electronic devices) or loss sustained by any participant as a result of his or her participation in Holiday Program due to any cause whatsoever unless caused by proven negligence of OG, its management or employees. I authorise staff to apply sunscreen to my child if I do not provide such. I fully understand that if my child continuously misbehaves after guidance procedures have been followed, I will be notified and my child may be removed from the program. I agree to pay for all of the days my child is successfully enrolled in (and not cancelled within the relevant time frame), regardless of whether my child actually attends. I understand that non payment of program fees may result in my child's exclusion from the program. I understand that OG retains the right to use for publicity and advertising purposes, photographs/video footage of participants taken at the Holiday program. The information I have provided on this form is correct and I undertake to immediately inform the service in the event of any changes to this information. I understand that OG staff do not supervise my child until they are signed into the service. I understand that OG staff do not supervise my child after they have been signed out of the service by a parent/ guardian. Confirmation of enrolment will be sent via email or post. If an email address is not provided, confirmation will be sent by post. I understand that I will incur late collection fees if I collect my child after the scheduled finishing time. I understand that late payment fees will apply if I do not pay my account by the due date. I agree to the terms and conditions listed above.

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_