

# Vacation Care and Explore Program

## Application Form Summer 2018/2019



ABBOTSLEIGH

PLEASE PRINT ALL DETAILS CLEARLY

**CHILD:** First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ School Year 2018: \_\_\_\_\_ Child's School: \_\_\_\_\_

Male/Female: \_\_\_\_\_

**MOTHER:** Salutation: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_ Phone (M): \_\_\_\_\_

**FATHER:** Salutation: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_ Phone (M): \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**EMAIL ADDRESS:** (For billing emails. One address is sufficient if you prefer.)

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

**Emergency Contact** (Other than principle carers)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Week	Course Name	Day/s	Start Time	Finish Time	Cost
<b>TOTAL</b>					



Full fees are payable in advance. Refunds will only be made in the case of certified illness.

Master Card:  Cash

Visa:  Cheque

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_

Name on card: \_\_\_\_\_

Signature: \_\_\_\_\_

For current Abbotsleigh Before and After School Care enrolments only:

I authorise for payment for Vacation Care to run on my previously supplied Direct Debit account:

I give permission for my child \_\_\_\_\_ to participate in the excursion days on the following

December 12 Narrabeen Environment Centre  December 19 The Hungry Caterpillar

January 9 Goat Island  January 16 Taronga Zoo  January 23 Lasertag and Bowling

- I understand travel will be by bus and students will be accompanied by at least three staff members
- I give consent for my child to participate in the selected course/s and agree to delegate my authority to the staff involved. I realise precautions are taken to eliminate any injuries or hazards and a competent supervision is present; however, in the event of any injury, I hereby waive, release and hold harmless from any liability for damages or claims for personal injury, including accidental death, as well as for property damage which may arise in conjunction with the above activity, against Abbotsleigh, it's employees, coaches and assistants. I submit relevant medical information.

Authority for medical treatment and/or ambulance

- I/We understand that while the school will make reasonable efforts to speak with parents or guardians in the event of accident or sudden illness, there may be times when this is not possible or not successful. In these circumstances, I/We authorise the School to obtain medical advice, and authorise medical treatment and/or ambulance for the student including administering anaesthetics and performing operations, if a responsible member of staff on medical advice considers it necessary for the health and well being of the student.

I give permission for my child to swim.

Child's Medicare number: \_\_\_\_\_ Number on Card: \_\_\_\_\_

Signed Mother: \_\_\_\_\_ Father: \_\_\_\_\_

For Program and additional application forms, visit [www.abbotsleigh.nsw.edu.au/abbschool](http://www.abbotsleigh.nsw.edu.au/abbschool) or call 94737615

Scan or mail this application form [holidayprogram@abbotsleigh.nsw.edu.au](mailto:holidayprogram@abbotsleigh.nsw.edu.au) or

Holiday Program, Abbotsleigh, Locked Bag 1666, Wahroonga, NSW, 2076



# Vacation Care and Before and After School Care Complying Written Arrangement

ABBOTSLEIGH

I WILL NOT be claiming childcare subsidy for this enrolment:

PLEASE NOTE: You will be **unable to back claim** any attendances for this enrolment if you select this option.

OR

I WILL be claiming childcare subsidy for this enrolment:

To claim childcare subsidy you must have registered with Centrelink for approval since 2 July 2018.

Visit [www.humanservices.gov.au](http://www.humanservices.gov.au) or phone 136 150 for CRN details

**CHILD:** Date of Birth:     /     /                      CRN:     \_ \_ \_ \_ \_

**SUBSIDY LINKED PARENT:** Name: \_\_\_\_\_

**PARENT:** Date of Birth:     /     /                      CRN:     \_ \_ \_ \_ \_

**DATE that you wish to begin accessing subsidised care:** \_\_\_/\_\_\_/\_\_\_

I, \_\_\_\_\_(Name), confirm that I am entering into a Complying Written Arrangement with:

Provider: The Council of Abbotsleigh

Email: [headmistress@abbotsleigh.nsw.edu.au](mailto:headmistress@abbotsleigh.nsw.edu.au)

Phone: 0294737700

Service: Abbotsleigh After School Care and Vacation Care.

I confirm that I am liable for the fees listed in the Before and After School Care handbook available at the centre and as below

Session Description	Fee Type	Fee Amount	Session Length
BSC Permanent Fee	Flat Rate	\$17.00	01:15
BSC Casual Fee	Flat Rate	\$19.00	01:15
ASC Permanent Fee	Flat Rate	\$22.00	03:30
ASC Casual Fee	Flat Rate	\$25.00	03:30
Late Fee	Not eligible for Subsidy	\$6.00 per minute	
Registration Fee	Not eligible for Subsidy	\$10.00 per year	

If I choose to access Vacation care, I confirm the fees are as listed in the Vacation Care handbook and as below:

Session Description	Fee Type	Fee Amount	Session Length
VAC Junior Activities	Flat Rate	\$60.00	10:30
VAC Extended Hours	Flat Rate	\$20.00	04:00
VAC Extended Hours Sibling	Flat Rate	\$10.00	04:00
VAC Excursions	Flat Rate	\$85.00	10:30

I acknowledge that these rates are subject to change and will be amended in the relevant handbooks.

I acknowledge that care is available on a fixed or casual basis as I have indicated on this application form.

**SIGNED:** \_\_\_\_\_



ABBOTSLEIGH

OFFICE USE ONLY:

PENDING ELIGIBILITY                      CONFIRMED                      CEASED                      \_\_\_\_\_%

PENDING CONFIRMATION                      DISPUTED                      \_\_\_\_\_HOURS

RECEIVED                      REJECTED                      ENROLMENT SUBMITTED

HFN:

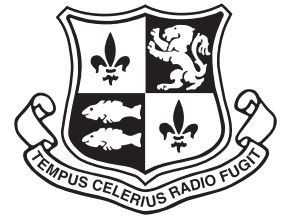
GRAD:

MA: Y/N

HW	DB
CC	
MED	

# AbbSchool Holiday Program

## Medical form



(Please complete this page for non Abbotsleigh students)

Surname \_\_\_\_\_

First name \_\_\_\_\_

Doctor \_\_\_\_\_

Phone \_\_\_\_\_

Dentist \_\_\_\_\_

Phone \_\_\_\_\_

Emergency contact \_\_\_\_\_

Phone \_\_\_\_\_

Language used at home if not English \_\_\_\_\_

Allergies (bee stings, foods, drugs etc.) and dietary requirements \_\_\_\_\_  
*Please attach a management plan for allergies.*

Any considerations for cultural needs and dietary requirements \_\_\_\_\_

### Asthma

Does your child have asthma? Yes  No

If YES, complete the management plan with your doctor's advice.

Year asthma diagnosed \_\_\_\_\_

Type of asthma?

Mild i.e. exercise induced, only requiring Ventolin pre/during/post exercise

Moderate i.e. requires Ventolin and a preventative such as Beclaforte, Becotide, Pulmacort on a daily basis

Severe i.e. requires the above plus steroids during attacks.

Other \_\_\_\_\_

What are some of the known asthma triggers, i.e. pollen, cold weather, dust mite, food additives.

\_\_\_\_\_  
 \_\_\_\_\_

Date of last asthma attack \_\_\_\_\_

Additional medication to be taken during attack \_\_\_\_\_

\_\_\_\_\_

### School asthma management plan

#### Regular medication taken

Drug	Dosage

Best peak flow reading \_\_\_\_\_

Peak flow reading requiring extra medication \_\_\_\_\_

Peak flow reading requiring use of Nebuliser \_\_\_\_\_

Peak flow reading required for transfer to hospital or doctor \_\_\_\_\_

Solution to be used in Nebuliser \_\_\_\_\_

### Authorisation for medication

Subject to the provisions of the Poisons and Therapeutic Goods Act 1966, under which certain medications can only be administered by nursing staff, I/we give permission for the Holiday Program staff to administer the following medication to my/our child:

Medication	Signature	Medication	Signature
Panadol		Nurofen	

Any other medical/health or social factors that could assist staff \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_ Immunisation status \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_