



## Cranbourne Carlisle Child Care Club

*Licence Id. 11602*

Please retain this "TOP" sheet for your information

### CURRENT OPERATING TIMES

Morning Session:	7.00 a.m. – 8.45 a.m.	Breakfast will be provided for 7.00 a.m. – 8.00 a.m. arrivals ONLY
Afternoon Session:	3.15 p.m. – 6.00 p.m.	Afternoon Tea will be provided

### CURRENT FEE STRUCTURE

TYPE OF CARE	PERMANENT BOOKINGS	CASUAL BOOKINGS
Before School Care	\$13.00 per child per session	\$18.00 per child per session
After School Care	\$15.00 per child per session	\$20.00 per child per session
Pupil Free Day	\$40.00 per child per day	Normal CCB applies
<b>Annual Registration Fee: \$20.00 per family</b>		

### BOOKING PROCEDURE & PENALTY FEES

Bookings and cancellations should be made directly with the Co-ordinator Mrs Diane Johnstone on

**0468 967 510**

Late Pick Up Fee:	A penalty fee of \$15.00 per ¼ hour (or part thereof) will be charged for each child not collected on time.
Late Payment Fee:	A penalty fee of \$25.00 will be charged for fees that remain outstanding after the due date advised on the statement.

### PAYMENT METHOD

*Cash, Cheque and EFTPOS (MasterCard, Visa or Debit Card)*

An invoice will be issued each fortnight. Payment is required within 7 days.

### Cranbourne Carlisle Child Care Club "LEARNING DEAL"

Whilst children are in "Out of School Hours Care", the Cranbourne Carlisle Primary School Learning Deal policy will apply to ensure an environment that is responsive to and supportive of the needs of all children.

**CRANBOURNE CARLISLE CHILD CARE CLUB**  
**CONDITIONS OF USE AND INFORMATION SHEET**

Cranbourne-Carlisle Primary School provides Before and After School Care Programs for the children of the school (5-12 years of age) Monday to Friday.

Before School Care: 7.00 a.m. – 8.45 a.m.

After School Care: 3.15 p.m. – 6.00 p.m.

We aim to provide a safe and happy environment with activities to give children maximum enjoyment. As part of the Before School Care a breakfast is provided for children arriving before 8.00 a.m. each morning followed by supervised activities.

At 3.30 p.m. afternoon tea is provided. After School Care users participate in a varied program including art/craft, cooking, games and special events.

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<b><u>Annual Registration Fee: \$20.00 per family</u></b>		

**CONDITIONS OF USE: (Please read CAREFULLY)**

1. **Annual Registration Fee** of \$20.00 per family will be charged per calendar year. Children must be registered to attend.
2. **Bookings** should be made in advance. This ensures your place in the program and allows for improved planning.
3. **Cancellations** (non-attendance) advice is required from parents if the child is not able to attend booked sessions. Full fee will apply to **all** cancellations.
4. **Casual Bookings** can be made at anytime by contacting the Co-ordinator, but are subject to a place being available on the day. Once booked, a fee will be charged whether children attend or not.
5. **Fees** are to be paid fortnightly within 7 days of being invoiced.
6. **A late payment fee** of \$25.00 will be charged for fees outstanding after the due date.
7. **No refund of fees** will be allowed, unless a medical certificate for the child is presented.
8. **A fee of \$15.00** per ¼ hour, or part thereof, will be imposed for late collection of your child/children. This is to cover the additional wages incurred looking after the child/children after the session hours. This applies to all children not collected by the advertised end of each session.
9. **Outstanding accounts** of over 21 days will not be eligible to use the program.
10. **Child Health Record** to be sighted by Co-ordinator prior to attendance.

**ARE YOU ELIGIBLE FOR CHILDCARE BENEFIT?**

To determine eligibility to claim for Child Care Benefit, parents need to contact the Family Assistance Office on 13 61 50 between 8.00 a.m. and 8.00 p.m. Monday to Friday; or by visiting their website at [www.familyassist.gov.au](http://www.familyassist.gov.au)

**THE FOLLOWING REQUIREMENTS ARE IMPORTANT FOR THE PROGRAM'S SUCCESS:**

Cranbourne Carlisle Primary School and Child Care Club take no responsibility for personal possessions including bikes, scooters, etc. These things should be left at home. Children are not permitted to ride home. Children need an old shirt or smock to protect clothing for certain activities. The program is flexible and may be changed to suit the weather and needs of the participants.

Cranbourne Carlisle Child Care Club reserves the right to restrict entry of any child who is ill and/or has an infectious condition and any child who does not comply with the rules and regulations which have been set. Normal Cranbourne Carlisle Primary School rules apply and the Co-ordinator / Principal have the right to suspend any child who prevents the smooth running of the program.

The Co-ordinator can be contacted between the hours of 7.00 a.m. and 6.00 p.m. Monday – Friday.



**ACCESS RESTRICTIONS:**

Is there an Access Alert for child? (tick)

  

Yes (If Yes, then complete the questions below)

  

No

Access Type (tick)

Court Order

Family Law Order

Restraining Order

Other

Describe any Access Restriction:

**EMERGENCY CONTACTS AUTHORISED TO COLLECT CHILD:**

1.   
Relationship: \_\_\_\_\_ Mobile No: \_\_\_\_\_  
Home Phone No: \_\_\_\_\_ Work Phone No: \_\_\_\_\_  
Home Address: \_\_\_\_\_

2.   
Relationship: \_\_\_\_\_ Mobile No: \_\_\_\_\_  
Home Phone No: \_\_\_\_\_ Work Phone No: \_\_\_\_\_  
Home Address: \_\_\_\_\_

3.   
Relationship: \_\_\_\_\_ Mobile No: \_\_\_\_\_  
Home Phone No: \_\_\_\_\_ Work Phone No: \_\_\_\_\_  
Home Address: \_\_\_\_\_

**DOCTOR:**

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

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

Medicare No: \_\_\_\_\_ Private Health Insurance: \_\_\_\_\_ YES / NO

Ambulance Cover: YES / NO

*Please Note:* An Ambulance **will** be called if deemed necessary by Co-ordinator or Principal

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**ACCEPTANCE OF CONDITIONS AND MEDICAL AUTHORISATION:**

- I / We have read and accept the "Conditions of Use".
- In the case of an emergency I / we hereby authorise the Cranbourne Carlisle Child Care Club Co-ordinator to seek emergency medical assistance and treatment as deemed appropriate. I authorise the Co-ordinator/staff member in charge of the program, where they are unable to communicate with me, to my child receiving such medical/surgical attention as may be deemed necessary by a medical practitioner and agree to pay any costs, which may be incurred, including ambulance costs if required.

Signed: \_\_\_\_\_

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

Date: \_\_\_\_\_

<b>Office Use:</b>	<i>Registration Fee:</i>	<i>Date:</i>
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I grant permission for my child to have their photograph taken during the program; these photos would be used for display and promotion of the program.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I grant permission for my child to watch PG movies during the program.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I have received and will abide by Policies and Procedures in the Parent Handbook.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



# Cranbourne Carlisle Child Care Club “*easypay*” Payments

Cranbourne-Carlisle Child Care Club offers a choice of easy ways to pay for all Before and After School Care fortnightly payments. Please complete either Option 1 (preferred) or Option 2. Further information about these payment plans is as outlined below.

## OPTION 1:

**Option 1** offers the convenience of paying Child Care Club Invoices directly into the Cranbourne Carlisle Primary School Official Account. If you wish to take up this option, you will be issued a “Unique Identification Code” to use as part of the bank transfer process so that the school can receipt the payment into your Child Care Club Account.

Bank	BSB	Account No.	Payment Information – Unique I.D. Code
Commonwealth Bank of Australia	063-250	10618256	CC _____

**OFFICE USE ONLY:** *Please detach and retain in OSHC*

CHILD / CHILDREN’S NAME: \_\_\_\_\_

Unique I.D. Code:

CC \_\_\_\_\_

## OPTION 2:

**Option 2** offers a Credit Card payment. Please complete the form below and the amount owed will be deducted each fortnight from your MasterCard or Visa Account and both the invoice and the receipt will be mailed to your home address.

CHILD’S NAME: \_\_\_\_\_

I wish to pay by automatic debit to my:    **MASTERCARD**                      **VISA**                      Expiry Date \_\_\_\_\_ / \_\_\_\_\_  
*(Please circle)*

Card Number                 

		/ /
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CARDHOLDER’S NAME (Please Print)

SIGNATURE

DATE





## CRANBOURNE CARLISLE CHILD CARE CLUB

### AUTHORISATION FOR ADMINISTERING MEDICATION

CHILD'S NAME:

\_\_\_\_\_

MEDICATION TO BE ADMINISTERED:

\_\_\_\_\_

Amount to be administered:

\_\_\_\_\_

Time:

\_\_\_\_\_

To be administered:

By Cranbourne Carlisle Child Care Club Staff

By the child

I will send:

Bulk amount to be administered as outlined above

Daily dose (it will be the parent's responsibility to ensure medication is provided)

If medication is to be administered by the Cranbourne Carlisle Child Care Club staff, please supply medication in a container that gives the following information.

- Name of the child
- Dosage
- Time medication is to be given
- Name of the medication

I give permission for staff at Cranbourne-Carlisle Child Care Club to administer the medication as stated above. Whilst all care shall be taken the ultimate responsibility remains that of the parent.

Parent's Name:

\_\_\_\_\_

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_



**GENERAL INFORMATION:**

**Child's Name:** \_\_\_\_\_

**Food / Meals:**

Does your child have any special dietary needs? e.g. vegetarian, religious beliefs, etc. **Yes**  **No**

If "**Yes**", please provide details: \_\_\_\_\_

Foods child likes: \_\_\_\_\_

Foods child dislikes: \_\_\_\_\_

Other details: \_\_\_\_\_

**General Needs:**

Does / can your child participate in festivals / celebrations? **Yes**  **No**

Please provide details: \_\_\_\_\_

Does your child have any fears? e.g. animals, thunder, trucks, etc. **Yes**  **No**

Please provide details: \_\_\_\_\_

**Permission:**

1. To use the first name and / or photo of my child for Centre displays and / promotional use.

**Yes**

**No**

2. To apply sunscreen to my child for outside plays.

**Yes**

**No**

3. For Centre personnel to observe my child to assist in developing programs.

**Yes**

**No**

**Other Comments:** \_\_\_\_\_

Parent / Guardian's Name: \_\_\_\_\_

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

Date: \_\_\_\_\_



# Cranbourne Carlisle Child Care Club

## Looking at the Multi Cultural Needs of Your Family

To enable our staff to provide appropriate programs for all children, it is vital that we have as much information about each child as possible.

Child's Name: .....

Date of Birth: .....

Country of Origin: .....

What religious or cultural practices would you like your child to observe? (Please give details):

.....  
.....  
.....

How many family members live with the child? (Older / younger brothers and sisters, grandparents, step-parents, aunts, uncles, foster children etc. (Please give details):

.....  
.....  
.....

Are there any activities at the Out of School Hours Care Program which may contravene your family values or beliefs?

.....  
.....

Would you be willing to help us find pictures, posters, artefacts, cookery, dolls, musical instruments, dress-up clothes, or any articles to assist us to share and enhance your culture with the other children in the group:

.....  
.....

Would you be willing to help us provide an insight into your ethnic cultural background? Are you able to explain jobs, careers, different cultures, stories, music, food, crafts, art, etc. from your country to the children?

.....  
.....

Implementing a multi-cultural, anti-bias approach in early childhood is of top priority at our Out of School Hours Care Program. Any information you can provide to assist us would be appreciated.

Diane Johnstone  
Co-ordinator



## PERMANENT BOOKINGS

Please tick the days you wish your child to attend Outside School Hours Care and the starting date/dates:

Child's Name: .....

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Before School Care and <u>starting date</u></b>					
<b>After School Care and <u>starting date</u></b>					

## SIBLINGS AT OTHER CHILD CARE CENTRES

<u>Child's Name</u>	<u>Registered Care Facility</u>
1.	
2.	
3.	
4.	
5.	