



# School's Out Tennessee Holiday Booking

2<sup>nd</sup> - 13<sup>th</sup> October 2017

Please tick here if booking for Teen Programme

## APPLICATION IS MADE FOR THE BOOKING OF

1. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male / Female

2. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male / Female

3. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male / Female

Email address: \_\_\_\_\_

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

**Mother's/Guardian's name:** \_\_\_\_\_ Cell: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Father's/Guardian's name:** \_\_\_\_\_ Cell: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## Emergency contacts

The names of two people, other than the principal caregiver stated above, who (by direction of a person who has custody of the child) are allowed to collect my child or should be consulted if the child is ill or injured or contacted in any situation.

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

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

## October 2017 Booking

**WINZ forms must be submitted prior to commencement date!**

**Bookings will not be accepted if fees are owing from previous term.**

Please tick those days that your child will be attending. We require one week's fees **DEPOSIT with booking.**

	Monday	Tuesday	Wednesday	Thursday	Friday	Full Week
<b>Holiday Week 1</b>						
	<b>2<sup>nd</sup> October</b>	<b>3<sup>rd</sup> October</b>	<b>4<sup>th</sup> October</b>	<b>5<sup>th</sup> October</b>	<b>6<sup>th</sup> October</b>	
<b>Holiday Week 2</b>						
	<b>9<sup>th</sup> October</b>	<b>10<sup>th</sup> October</b>	<b>11<sup>th</sup> October</b>	<b>12<sup>th</sup> October</b>	<b>13<sup>th</sup> October</b>	

After School Programme commences 16<sup>th</sup> October

## Activities, Excursions, Medical and Allergy conditions

My child has permission to participate in activities outside the centre which may include transport in a company approved vehicle. **Yes / No**

My child has permission to participate in swimming sessions.  
Swimming ability **Yes / No**  
**non-confident / confident**

Medical conditions and allergies we should be aware of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give consent for photographs to be taken of my child for publicity purposes and/or Programme activities **Yes / No**

**I agree to inform School's Out by telephone prior to 8:00am** if my child will be absent from the programme on any given day. This is important on days of outings so staff and children are not waiting.

## Unacceptable Behaviour

We have zero tolerance for physical violence, foul language and intentional damage to property or equipment. Parents/caregivers are notified of any disruption caused by their child. If the behaviour is considered a risk to others your child will be removed immediately and excluded from future attendance. In signing this form, you agree to accept the cost of any damage wilfully caused by your child and you agree to pick up your child immediately if his/her behaviour is deemed unacceptable. No refund will apply.

## Fees

**I agree to pay one week's deposit in advance** – refer payment agreement below.  
**I agree** to pay fees, as per the current fee schedule, weekly in advance.  
**I understand** that if on a childcare subsidy, the child must attend the hours I have applied for.  
**I agree** to pay fees for the time booked whether my child attends or not, including sick days.  
**I agree** to pay a 10% penalty (based on the amount) owing if my fees become in arrears. Late payment of fees may result in your child's space being cancelled and all debt collection fees payable by the parent.  
**I agree** to pay a late fee if my child/ren is left at the programme outside operating hours. This will be charged at the rate of \$25 per 15 minutes, with an instant fee of \$5.00.  
**I agree** to the terms and conditions on the Programme's fee schedule.  
**I agree** to give one week's notice in writing when changing or cancelling my child's booking

In the event of fees being in arrears I acknowledge a late payment fee will be charged in accordance with the current fee schedule issued by the centre. Additionally, I acknowledge I will be liable for interest on all outstanding amounts at the rate charged from time to time and that all debt collection costs will be charged in addition to fees, interest and late payment charges.

## Payment Agreement

**I confirm \$\_\_\_\_\_ (one week's fees deposit) will be paid in advance before the first day of booking attendance.**

**By signing this form, I understand my booking is not confirmed until this deposit had been paid.**

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All information provided on this booking and your **original enrolment** application is still true and valid (please ask to see if you would like to correct). Any changes to health, medication, custodial agreements have and will be discussed with the programme manager. I continue to give permission for my child to participate in all daily activities, including spontaneous trips to local parks or community facilities.

**I declare that the information I have provided is true and correct.**

**Signature of Principal caregiver \_\_\_\_\_ Date \_\_\_\_\_**  
Information provided by parents/guardians on this booking form is required for statistical purposes, MSD audits, to ensure contact in an emergency and to facilitate individual care and attention for your child. School's Out follows the principles of the Privacy Act 1993. As required by the Vulnerable Children Act 2014 this information may be shared with appropriate organisations if there are any concerns for the safety of a child or another family member.