

On The Bus
8.30am-5.30pm

PLEASE NOTE: Bookings for your child/children cannot be confirmed until 2020-2021 enrolment form, vacation care booking form and full payment have been received using one of the nominated payment options. Please ensure all areas have been completed and signed before submitting. Please ensure all areas have been completed and signed before submitting.

Booking forms and enquiries to Children's Services: 9205 8569. Fax: 9345 9985 Email: children@stirling.wa.gov.au
Visit or post: City of Stirling Children's Services, 25 Cedric Street, Stirling WA 6021

TERMS AND CONDITIONS: It is the responsibility of parents/guardians to be familiar with the contents of the Information for Families/Family Handbook. A hardcopy is available from the centre or at www.stirling.wa.gov.au

<p>Please tick ✓ how payment will be made:</p> <p><input type="checkbox"/> Internet (please fax or email proof of payment)</p> <p><input type="checkbox"/> Mastercard / Visa by telephoning 9205 8569</p> <p><input type="checkbox"/> Cheque by Mail</p> <p><input type="checkbox"/> In person at 25 Cedric St, Stirling</p>	<p>Vacation Care flat rate per child per day:</p> <p>Vacation Care and On The Bus \$78.00</p> <p><i>Less any child care benefit eligibility and child care rebate pay to service option</i></p>
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Child's first name	Child's surname	Child's age	School year	Swimming level

Additional Requirements – Do any of the children listed above have any additional health requirements such as asthma, diabetes, autism, ADHD, epilepsy, allergies (anaphylaxis) or special dietary requirements ? **YES** **NO**

If yes, please list below:

Child's first name	Child's surname	Additional Health Requirements	Emergency action plan completed	Minimisation form completed

OTB – Hamersley	<input type="checkbox"/>
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OTB - Inglewood	<input type="checkbox"/>
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OTB – Mirrabooka	<input type="checkbox"/>
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Administration of medication

- I/we understand that for all medications I must complete and sign an Authority to Administer Medication Form on the days that the medication is to be administered.
- I/we have read and agreed to follow the centre policy on **Administration of Medication**.

Signature of parent/guardian 1 _____ Date _____

Name of parent/guardian 1 _____ (Please print)

Signature of parent/guardian 2 _____ Date _____

Name of parent/guardian 2 _____ (Please print)

Medical or hospital attention and emergency transport

- In the event of accident or illness (when centre is unable to contact parents/guardians or authorised persons), I/we consent to medical or hospital attention being sought for the child/children.
- In the case of emergency I/we agree for my child/children to be transported by private car/ambulance. I/we agree to pay expenses incurred for medical treatment and transport.

Signature of parent/guardian 1 _____ Date _____

Name of parent/guardian 1 _____ (Please print)

Signature of parent/guardian 2 _____ Date _____

Name of parent/guardian 2 _____ (Please print)

Payment of fees

- I/we have read and understand the **Payment of Fees (7)** as outlined in Information for Families/Family Handbook.

Signature of parent/guardian 1 _____ Date _____

Name of parent/guardian 1 _____ (Please print)

Signature of parent/guardian 2 _____ Date _____

Name of parent/guardian 2 _____ (Please print)

Authorisation to participate in all activities:

- I am willing for my child/children to participate in all activities offered in the vacation care program. I agree it is my responsibility to familiarise myself with the program and advise the centre in writing if I do not wish my child/children to participate in a particular activity.

Signature of parent/guardian 1 _____ Date _____

Name of parent/guardian 1 _____ (Please print)

Signature of parent/guardian 2 _____ Date _____

Name of parent/guardian 2 _____ (Please print)

Photographs

- I agree to photos being taken of my child/children and understand that they may be used for the purpose of marketing materials, promotion of the program or as part of a program activity.

Signature of parent/guardian 1 _____ Date _____

Name of parent/guardian 1 _____ (Please print)

Signature of parent/guardian 2 _____ Date _____

Name of parent/guardian 2 _____ (Please print)

EXCURSION AUTHORISATION (MUST BE SIGNED OR CHILDREN CANNOT GO ON EXCURSIONS)

I give permission for my child / children to attend all incursions and excursions in Vacation Care from July 1st 2019 to June 30th 2020. I allow my child / children to be transported by private bus charter, public transport or walking between the excursion venue and the vacation care centre. I also give permission for the excursion venue to be changed on chance of inclement weather.

Name _____ Sign _____ Date ____/____/____

Parent/Guardian 1 Details	Is this parent/guardian liable for payment of the fees? YES / NO (Please circle)	
First Name _____	Surname _____	
Parent CRN _____ - _____ - _____	Relationship to child 1 _____	
Mobile _____	Email _____	
Gender _____ Male / Female	Date of Birth _____ / _____ / _____	Child lives with Parent 1? Yes / No
Home Phone _____	Home Address _____	Postcode _____
Work Phone _____	Work Address _____	
Language spoken at home _____	Driver's Licence No _____	

Parent/Guardian 2 Details	Is this parent/guardian liable for payment of the fees? YES / NO (Please circle)	
First Name _____	Surname _____	
Parent CRN _____ - _____ - _____	Relationship to child 1 _____	
Mobile _____	Email _____	
Gender _____ Male / Female	Date of Birth _____ / _____ / _____	Child lives with Parent 1? Yes / No
Home Phone _____	Home Address _____	Postcode _____
Work Phone _____	Work Address _____	
Language spoken at home _____	Driver's Licence No _____	

Child Details
First Name: _____ Surname: _____
Child CRN: _____ - _____ - _____ Gender: Male / Female (Please circle)
School Year _____ Swimming Level _____
Date of Birth _____ Country of Birth _____
Language spoken at home _____ Immunisation Yes / No (Please circle)
Allergies _____
Medical Conditions _____
Dietary Needs _____
Is there any relevant information we should know about your child, eg cultural, religion etc _____

Child 1 Medical Information
Family Doctor _____
Address _____
Post Code _____ Telephone: _____
Medicare No _____ Ambulance Fund: _____
Health Fund _____ Health Fund No: _____

Emergency Contact Details and Collection Details - Please note these contacts will replace any previously advised and will become your permanent contacts for After School Care as well as Vacation Care.

Emergency Contact 1	Emergency contact 2
Name _____	Name _____
Relationship to child _____	Relationship to child _____
Address _____	Address _____
Phone (mobile) _____	Phone (mobile) _____
Phone (home) _____	Phone (home) _____
Phone (work) _____	Phone (work) _____

Emergency Action Plan and Minimisation Plan

You and your Doctor may be required to complete an emergency action plan and/or minimisation plan to ensure the centre is fully prepared to manage your child's special health needs. This includes staff being appropriately trained to administer medication and/or other actions to manage your child's condition.

Please speak to centre supervisor if you require these forms as they are required by the Education and Care legislation.

Custody or Access Arrangements

Are there any court orders relating to the guardianship, custody or access to the child/children

YES NO

If YES please attach and provide details: _____

Parent/Guardian 1 Details	Same as Child 1 YES / NO (Please circle)		
First Name _____	Surname _____		
Parent CRN _____ - _____ - _____	Relationship to child 1 _____		
Mobile _____	Email _____		
Gender _____ Male / Female	Date of Birth _____ / _____ / _____	Child lives with Parent 1? Yes / No	
Home Phone _____	Home Address _____	Postcode _____	
Work Phone _____	Work Address _____		
Language spoken at home _____		Driver's Licence No _____	

Parent/Guardian 2 Details	Same as Child 1 YES / NO (Please circle)		
First Name _____	Surname _____		
Parent CRN _____ - _____ - _____	Relationship to child 1 _____		
Mobile _____	Email _____		
Gender _____ Male / Female	Date of Birth _____ / _____ / _____	Child lives with Parent 1? Yes / No	
Home Phone _____	Home Address _____	Postcode _____	
Work Phone _____	Work Address _____		
Language spoken at home _____		Driver's Licence No _____	

Child 2 Details	
First Name: _____	Surname: _____
Child CRN: _____ - _____ - _____	Gender: Male / Female (Please circle)
School Year _____	Swimming Level _____
Date of Birth _____	Country of Birth _____
Language spoken at home _____	Immunisation Yes / No (Please circle)
Allergies _____	
Medical Conditions _____	
Dietary Needs _____	
Is there any relevant information we should know about your child, eg cultural, religion etc _____	

Child 2 Medical Information	
Family Doctor _____	
Address _____	
Post Code _____	Telephone: _____
Medicare No _____	Ambulance Fund: _____
Health Fund _____	Health Fund No: _____

Emergency Contact Details and Collection Details - Please note these contacts will replace any previously advised and will become your permanent contacts for After School Care as well as Vacation Care. **Emergency Contacts same as Child 1 YES / NO** (please circle)

Emergency Contact 1	Emergency contact 2
Name _____	Name _____
Relationship to child _____	Relationship to child _____
Address _____	Address _____
Phone (mobile) _____	Phone (mobile) _____
Phone (home) _____	Phone (home) _____
Phone (work) _____	Phone (work) _____

Emergency Action Plan and Minimisation Plan

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Please speak to centre supervisor if you require these forms as they are required by the Education and Care legislation.

Custody or Access Arrangements

Are there any court orders relating to the guardianship, custody or access to the child/children

YES NO

If YES please attach and provide details: _____

Parent/Guardian 1 Details	Same as Child 1 YES / NO (Please circle)		
First Name _____	Surname _____		
Parent CRN _____ - _____ - _____	Relationship to child 1 _____		
Mobile _____	Email _____		
Gender _____ Male / Female	Date of Birth _____ / _____ / _____	Child lives with Parent 1? Yes / No	
Home Phone _____	Home Address _____	Postcode _____	
Work Phone _____	Work Address _____		
Language spoken at home _____		Driver's Licence No _____	

Parent/Guardian 2 Details	Same as Child 1 YES / NO (Please circle)		
First Name _____	Surname _____		
Parent CRN _____ - _____ - _____	Relationship to child 1 _____		
Mobile _____	Email _____		
Gender _____ Male / Female	Date of Birth _____ / _____ / _____	Child lives with Parent 1? Yes / No	
Home Phone _____	Home Address _____	Postcode _____	
Work Phone _____	Work Address _____		
Language spoken at home _____		Driver's Licence No _____	

Child 3 Details	
First Name: _____	Surname: _____
Child CRN: _____ - _____ - _____	Gender: Male / Female (Please circle)
School Year _____	Swimming Level _____
Date of Birth _____	Country of Birth _____
Language spoken at home _____	Immunisation Yes / No (Please circle)
Allergies _____	
Medical Conditions _____	
Dietary Needs _____	
Is there any relevant information we should know about your child, eg cultural, religion etc _____	

Child 3 Medical Information	
Family Doctor _____	
Address _____	
Post Code _____	Telephone: _____
Medicare No _____	Ambulance Fund: _____
Health Fund _____	Health Fund No: _____

Emergency Contact Details and Collection Details - Please note these contacts will replace any previously advised and will become your permanent contacts for After School Care as well as Vacation Care. **Emergency Contacts same as Child 1 YES / NO** (please circle)

Emergency Contact 1	Emergency contact 2
Name _____	Name _____
Relationship to child _____	Relationship to child _____
Address _____	Address _____
Phone (mobile) _____	Phone (mobile) _____
Phone (home) _____	Phone (home) _____
Phone (work) _____	Phone (work) _____

Emergency Action Plan and Minimisation Plan

You and your Doctor may be required to complete an emergency action plan and/or minimisation plan to ensure the centre is fully prepared to manage your child's special health needs. This includes staff being appropriately trained to administer medication and/or other actions to manage your child's condition.

Please speak to centre supervisor if you require these forms as they are required by the Education and Care legislation.

Custody or Access Arrangements

Are there any court orders relating to the guardianship, custody or access to the child/children

YES NO

If YES please attach and provide details: _____

Parent/Guardian 1 Details	Same as Child 1 YES / NO (Please circle)		
First Name _____	Surname _____		
Parent CRN _____ - _____ - _____	Relationship to child 1 _____		
Mobile _____	Email _____		
Gender _____ Male / Female	Date of Birth _____ / _____ / _____	Child lives with Parent 1? Yes / No	
Home Phone _____	Home Address _____	Postcode _____	
Work Phone _____	Work Address _____		
Language spoken at home _____		Driver's Licence No _____	

Parent/Guardian 2 Details	Same as Child 1 YES / NO (Please circle)		
First Name _____	Surname _____		
Parent CRN _____ - _____ - _____	Relationship to child 1 _____		
Mobile _____	Email _____		
Gender _____ Male / Female	Date of Birth _____ / _____ / _____	Child lives with Parent 1? Yes / No	
Home Phone _____	Home Address _____	Postcode _____	
Work Phone _____	Work Address _____		
Language spoken at home _____		Driver's Licence No _____	

Child 4 Details	
First Name: _____	Surname: _____
Child CRN: _____ - _____ - _____	Gender: Male / Female (Please circle)
School Year _____	Swimming Level _____
Date of Birth _____	Country of Birth _____
Language spoken at home _____	Immunisation Yes / No (Please circle)
Allergies _____	
Medical Conditions _____	
Dietary Needs _____	
Is there any relevant information we should know about your child, eg cultural, religion etc _____	

Child 4 Medical Information	
Family Doctor _____	
Address _____	
Post Code _____	Telephone: _____
Medicare No _____	Ambulance Fund: _____
Health Fund _____	Health Fund No: _____

Emergency Contact Details and Collection Details - Please note these contacts will replace any previously advised and will become your permanent contacts for After School Care as well as Vacation Care. **Emergency Contacts same as Child 1 YES / NO** (please circle)

Emergency Contact 1	Emergency contact 2
Name _____	Name _____
Relationship to child _____	Relationship to child _____
Address _____	Address _____
Phone (mobile) _____	Phone (mobile) _____
Phone (home) _____	Phone (home) _____
Phone (work) _____	Phone (work) _____

Emergency Action Plan and Minimisation Plan

You and your Doctor may be required to complete an emergency action plan and/or minimisation plan to ensure the centre is fully prepared to manage your child's special health needs. This includes staff being appropriately trained to administer medication and/or other actions to manage your child's condition.

Please speak to centre supervisor if you require these forms as they are required by the Education and Care legislation.

Custody or Access Arrangements

Are there any court orders relating to the guardianship, custody or access to the child/children

YES NO

If YES please attach and provide details: _____

PAYMENT OF FEES

Fees payments are centrally managed at the City of Stirling Administration Centre (rather than individual centres) so inquiries regarding fees should be directed here. Families are most welcome to contact our Administration Officer on 9205 8569 for assistance with processing payments.

After School care fees are to be paid in full TWO WEEKS in advance to secure a place and every week thereafter. Vacation care and On the Bus fees must be paid in full before the start of the program.

FEES (current to 30 June 2020)	Cost Per Day – Based on number of children per family			
	1 child	2 children	3 children	4 children
After School Care - flat rate includes transport	\$34.00	\$68.00	\$102.00	\$136.00
After School Care - early close includes transport	\$34.00	\$68.00	\$102.00	\$136.00
Before School care – flat rate	\$24.00	\$48.00	\$72.00	\$96.00
Half Day Transition for new Pre Primary enrolments	\$48.00	\$96.00	\$144.00	\$192.00
Vacation Care - General	\$78.00	\$156.00	\$234.00	\$312.00
Vacation Care - On the Bus	\$78.00	\$156.00	\$234.00	\$312.00
Student Free Day	\$78.00	\$156.00	\$234.00	\$312.00
Annual Administration Fee	\$10.50	\$21.00	\$31.50	\$42.00
Late Collection Fee	\$10.50 per child at 6.01pm and \$1.00 per minute thereafter			
Late Payment Fee	\$50.00			

CHILD CARE SUBSIDY

The portion of the fee for After School care and Vacation care that you pay will depend on the amount of **Child Care Subsidy (CCS)** you are eligible to receive. To determine eligibility, families must register with the Family Assistance Office (Centrelink) **urgently** on 13 61 50. City of Stirling requires the following information at the time of enrolment, otherwise full fee will be charged. We need to know:

- Parent's and child's CCS registration number – also known as CRN (customer reference number)
- Parent's and child's date of birth
- Commencement Date
- If you have additional children in care at other services

To retain your CCB percentage you must not exceed 42 absent days in a financial year otherwise full fees will apply.

OUTSTANDING FEES

The centre/s will be unable to accept children into their care if fees are outstanding. Please refer to Section 7 "Payment of Fees" in "Information for Families / Family Handbook" booklet. **\$50.00 late payment fee applies.** Should there be outstanding fees, the City of Stirling will make every effort to contact the parent/guardian to correct the outstanding amount, if no payment is made the child's place may be cancelled and they will not be accepted into Outside School Hours Care until payment is made. Legal action may be taken.

PAYMENT OPTIONS

Families can access the following options for fee payments:

- a) Cheque or money order by post to City of Stirling Admin Centre, 25 Cedric St, Stirling.
- b) Payment in person at the City of Stirling Admin Centre, including cash payments, where a receipt will be issued.
- c) Credit card payment over the phone by calling 9205 8569 during office hours, or
- d) Internet banking.

City of Stirling account details:

Westpac Banking Corporation
City of Stirling Municipal Fund
BSB: 036073
Account: 000022

If you pay fees via internet banking, please ensure that you include the following in the details field:

- a) Centre name abbreviated; On The Bus would be 'OTB' and
- b) Child's name – first initial and surname (as much as description space allows)

Example: 'OTB P. Smith' or 'OTB P. Smith'

CENTRE LOCATIONS AND CONTACT PHONE NUMBERS

Inglewood Before & After School and Vacation Care Centre
Inglewood Children's Centre,
Cnr Ninth Avenue and Beaufort Street, Inglewood

Phone: 9205 7760

Mobile: 0409 886 256

On the Bus Mobile Program (Vacation Care)
Bus collects children from Balga, Hamersley and Scarborough

Phone: 9205 8569/7

Mobile: 0438 981 748

City of Stirling Family Services aims to strengthen families and communities through a range of family based initiatives that enhance health and wellbeing, build positive relationships, connect families to their communities and enhance access to responsive family support services.

To receive a free monthly e-newsletter with a selection of different activities, events and programs running within City of Stirling please tick this box

This information is available in alternative formats on request. Please contact The City of Stirling Customer Service Team on (08) 9205 8555.