

## How to Book in for our Vacation Care Program

Families booking in for our Vacation Care program must have completed an enrolment form and be enrolled into the specific year.

### ONLY ways to book:

1. Grab a hard copy program from the centre, fill out all required forms and hand back to the connect staff.
2. Download the program from our website under the 'Program and Resources' tab, fill out and send a **SCANED** copy to [info@castlehillfunhouse.com.au](mailto:info@castlehillfunhouse.com.au)

### Confirmation of bookings:

- Confirmation Of Bookings-Bookings will not be accepted/confirmed until all required booking forms have been completed correctly.
- Families will receive an email or text informing them of missing or incorrect documentation and be given a maximum of 2 days to complete the required forms or bookings will be rejected.
- Once all forms have been received, a booking confirmation text message will be sent after the booking window has been closed.

### How to complete the Vacation Care forms correctly:



Child Information (As listed on your enrolment form)

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Year: \_\_\_\_\_  
 Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Year: \_\_\_\_\_  
 Child Name: \_\_\_\_\_ Age: \_\_\_\_\_ School Year: \_\_\_\_\_

Are your children currently enrolled in Castle Hill Funhouse for Before/After School Care? YES/NO

If NO and you have not completed an online enrolment form in Xplor you must complete the enrolment form before your vacation care bookings will be accepted. Please speak to Ashleigh (Administration & Enrolment Manager) if you are unsure.

**Parent/Carer Information**

Parent/Carer Name: \_\_\_\_\_  
 Preferred Email Address: \_\_\_\_\_  
 Preferred Contact Number: \_\_\_\_\_  
 Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Write child/ren's name, age, and year group

Write Parents name, email & phone number.

Parents to sign and date.



Please tick the days your child/s will be attending and their total days:

Child Name:	Mon 3rd July \$75	Tues 4th July \$105	Wed 5th July \$85	Thurs 6th July \$105	Fri 7th July \$85		Total:
Child Name:	Mon 10th July \$105	Tues 11th July \$85	Wed 12th July \$75	Thurs 13th July \$85	Fri 14th July \$105	Mon 17th July \$75	Total:

Write child/ren's name

Tick all requesting days

Write the total number of days for that row

Castle Hill Funhouse 5 Les Shore Place Castle Hill 2154 NSW  
 Open: 7:00am - 6:30pm Phone: 0423 843 917 or 0481 793 067 Email: info@castlehillfunhouse.com.au

Parent/Guardian Permission Form	Tick
I confirm I will be liable to pay fees for the vacation care bookings requested on this form. Payment will be required by the due date when statements are issued.	
I understand there will be <b>no refunds on cancellations OR changes to bookings accepted after Friday, 9<sup>th</sup> April 2023 at 6:30pm.</b> I understand there will be no refunds for any absent days if my child does not attend the booked day.	
I understand in order to claim Child Care Subsidy (CCS), if eligible, my child must attend on their first and last day of scheduled care to ensure the full CCS entitlement for the vacation care period is received. Children who are absent on either their first or last day may have a percentage of their CCS entitlement withheld from Centrelink and may therefore be required to pay full fees.	
I understand that if my child attends Vacation Care Only and requires medication for an allergy, asthma, or medical condition, it is my responsibility to provide the service with this medication, in its original packaging with a chemist label. I will provide this medication on or before the first session and collect it on the last session.	
I agree to abide by all policies and procedures of Castle Hill Funhouse	
I accept that children will be supervised at all times and that all travel between the Centre and excursion venue will be in privately booked buses with or without seatbelts.	
I understand that excursions are compulsory for all children booked in on that day for allocated year group to attend and that the number of participants will not exceed the licensed number.	
I understand "Excursion and Workshop Risk Assessments" have been completed prior and are available to me upon request.	
I understand the ratio's that Castle Hill Funhouse adheres to is 1:15 for onsite days and 1:8 for all excursions (water-based excursions are 1:5). Additional educators will be rostered where it is deemed to be necessary, based on the activity risk assessment.	
I accept that it is my responsibility to ensure we are at the Centre by 8:00am on excursion days (unless another time is specified). I understand that the bus will not wait, and I will need to make alternative care arrangements for my child/ren if we arrive late.	
I understand that I am required to sign my child in and out of the program each day. Written notification is required to allow another person to collect my child if they are not listed as an authorised nominee.	
I understand that my children may be required to participate in activities that may be physically and emotionally demanding. My children's participation in any activity is not compulsory. The staff will duly exercise their Duty of Care. If my child/ren chooses to not participate in a workshop, I understand there will be no refund for the day.	
I agree to support the Centre in implementing the Sun Protection Policy by my child/ren wearing Sun-safe clothing with sleeves, sun-safe hat, and sports shoes & socks.	
I understand that all programs will continue in the event of inclement weather unless notified. I understand that should the scheduled venue need to change due to inclement weather; the backup venues Funhouse will use are Bowling and Laser Tag, and Inflatable World.	
I understand that Castle Hill Funhouse will take no responsibility for lost property. This includes all electronic devices.	
I give permission for my child/ren to have their face painted, use temporary tattoos, and have their hair sprayed as part of the Centre program throughout the holidays.	
I understand at times it is out of Castle Hill Funhouse control if a workshop and/or excursion is cancelled. A replacement workshop and/or excursion may be offered for that day. No refunds will be provided if a workshop and/or excursion is replaced, and your child no longer wants to attend the replacement. In the event a workshop and/or excursion is cancelled entirely, the difference in cost between the original program and the replacement program for that day will be applied as a credit on your fee statement in Xplor.	
Parent 1 Name: _____ Signature: _____ Date: _____	

Tick ALL boxes next to each statement

Write parents Name, Sign and Date



## Castle Hill Funhouse Workshop Authority Forms

<b>Workshop Date:</b>	Wednesday, 5 <sup>th</sup> of July 2023	<b>Workshop Name:</b>	Bubble Soccer
<b>Workshop Provider:</b>	Bubble Soccer Sydney	<b>Session Time:</b>	10am-1pm
<b>Workshop Activities:</b>	The children and young people will enjoy a day playing soccer inside inflatable soccer balls whilst playing on an inflatable soccer field. The children and young people will also get the chance to enjoy some team building games.		

I give consent for \_\_\_\_\_ (Child's Full Name)  
to participate in the above Workshop at Funhouse

Parent/ Guardian Name \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**Castle Hill Funhouse** Vacation Care -Castle Hill Funhouse  
**Event Cinemas**

As part of the vacation care program, we are excited to be running a fun excursion for our children. Parents and/or guardians are required to complete this Authority Form providing consent for their child to attend.

*Risk Assessment have been conducted and are available at the service & Transportation Risk Assessment have been conducted and available at the service.*

<b>Date of Excursion</b>	Thursday 6 <sup>th</sup> July	<b>Venue Name:</b>	Event Cinemas: Castle Towers
<b>Departure Address</b>	Departure: 5 Les Shore Place Castle Hill Public School, Castle Hill 2154 NSW		
<b>Destination Address:</b>	Destination: Castle Towers Shopping Centre, 6, 14 Castle St, Castle Hill NSW 2154		
<b>Estimated time of departure from Funhouse</b>	10:00am	<b>Estimated time of arrival at excursion address</b>	10:30am
<b>Estimated time of departure from excursion address</b>	12:30pm	<b>Estimated time of return to Funhouse</b>	1:00pm
<b>Method of Transport</b>	Children will travel by foot on the pedestrian footpaths		
<b>Seat belts/Child restraints will be used:</b>	N/A		
<b>Educator to Child Ratio</b> (Include the estimated number of children)	Ratio 1:8 on Excursions 90 children: 12 Educators	<b>Number of Supervisors, Educators or other Adults attending</b>	2 additional managers
<b>Proposed Activities</b>	Children will walk with their friends to Event Cinemas at Castle Towers to watch (PG rated) movie. The children will eat their lunch while they are watching the movie.		
<b>What children are required to wear and bring</b>	Please ensure your children have a backpack filled with morning tea, lunch, hat, and refillable water bottle. Ensure your children are wearing enclosed shoes and sun safe clothing.		
<b>Emergency contact number during excursion</b>	0423 843 917	<b>Name of educators attending with first aid qualification</b>	Ashleigh Donnelly & Nicky McNab
<b>Wet Weather Arrangements:</b>	Ponchos for the walk		

**Authority Form**  
I give consent for my child to attend the excursion to **Event Cinemas** on the **6<sup>th</sup> of July** with Castle Hill Funhouse.

<b>Childs Name 1:</b>		<b>Medical Condition:</b> Y/N if yes list the medical condition:	
<b>Childs Name 2:</b>		<b>Medical Condition:</b> Y/N if yes list the medical condition:	
<b>Child Name 3:</b>		<b>Medical Condition:</b> Y/N if yes list the medical condition and medication required to	
<b>Parent/Guardian Name</b>		<b>Parent/Guardian Signature:</b>	
<b>My contact details on this date will be</b>			

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Complete ALL fields for EACH workshop/ excursion you are requesting