



# VACATION BOOKING FORM

SCHOOL



KILLARA



HEIGHTS

**Current Family:**

*(Current family means that you have attended our service within the past 12 months)*

**Parent/Guardian Name:**

**Email:**

**Contact Number:**

**Number of children attending:**

**Child/ren Names:**

**Week 1 days**



MONDAY



TUESDAY



WEDNESDAY



THURSDAY



FRIDAY

**Week 2 days**



MONDAY



TUESDAY



WEDNESDAY



THURSDAY



FRIDAY

**BOOKING PROCEDURE**

Bookings will be placed in receipt order alongside the priority of access guidelines. Bookings will be confirmed via tiqbiz and statements emailed directly to families. All vacation care fees need to be paid in advance, booking closure dates are listed in the newsfeed, payment via credit card are deducted the week after booking closure. To assist with staff ratios please choose your dates carefully as we are unable to swap or change days

NO REFUNDS ARE GIVEN FOR BOOKINGS THAT ARE NOT ATTENDED AND NO CARE IS AVAILABLE AT THE SERVICE WHEN THERE IS AN EXCURSION.

**Do you consent to the above booking procedure?**

Yes ☐ Signature: \_\_\_\_\_

## **MULTIPLE EXCURSION PERMISSION**

Please refer to the Excursion Information outlining full details of each excursion under the booking calendar Daily Program. A risk assessment for each excursion is available for your perusal on request. On each excursion we will carry a first aid kit, emergency contact numbers for families, a mobile phone, walkie talkies and provide Complete Kids T-shirts for the children to wear. We ensure that at least one Educator has an appropriate First Aid Certificate.

**Please list child/ren's names:**

As the parent/guardian for the above listed child/ren I give my consent for him/her to participate in the excursion activities as detailed in the Daily Program outlined in the calendar above. I am aware of the nature of the activities and agree to delegate my authority to the staff and educators associated with the excursion.

- ☐ EXCURSION 1
- ☐ EXCURSION 2
- ☐ EXCURSION 3
- ☐ EXCURSION 4
- ☐ EXCURSION 5

**Parent/Guardian Name:**

**Signature:**

**Emergency Contact 1:** *(Please complete Full name, contact number and relationship to child)*

**Emergency Contact 2:** *(Please complete Full name, contact number and relationship to child)*

## **MEDICAL EMERGENCIES / CONSENT TO ADMINISTER MEDICAL TREATMENT AND MEDICATION**

The only person that can give consent for staff to authorise or administer medical treatment or medication is those with 'lawful authority' meaning the child's parents or guardians if appointed by the courts or those listed under Authority to Collect who have been given the appropriate permissions. I give consent for the Approved Provider, Nominated Supervisor or an Educator at Complete Kids to undertake first aid or seek medical assistance or treatment from a registered medical practitioner, hospital or ambulance service that my child should require and consent to transportation of the child by an ambulance service at my expense. In this event every effort will be made to contact the parents / guardians immediately. In the event of an accident or illness, I authorise the teacher in charge of the excursion, to consent, where it is impracticable to communicate with me, to my child receiving such medical or surgical treatment that may be deemed necessary.

**Medicare number:**

**Private health cover?**