

**VACATION CARE ENROLMENT FORM**

Fax (08) 9300 1199, Email [pauline.harris@venueswest.wa.gov.au](mailto:pauline.harris@venueswest.wa.gov.au)  
or post to VenuesWest Arena Joondalup  
PO Box 33 Joondalup WA 6919  
Ph: (08) 9300 7136 Web: [www.arena.wa.gov.au](http://www.arena.wa.gov.au)

How did you hear about this programme? <input type="checkbox"/> Friend <input type="checkbox"/> Newspaper ad <input type="checkbox"/> Catalogue <input type="checkbox"/> Website <input type="checkbox"/> Pulse <input type="checkbox"/> Internal marketing <input type="checkbox"/> Other .....	
The following information is confidential	
ESSENTIAL INFORMATION: Please add if claiming CCB, otherwise enrolment cannot be processed.	
Parent 1, Date of Birth	Parent 1 ID #
Parent 1, CRN	# of children claiming CCB
Child's CRN	
<b>PARENT 1 DETAILS</b>	
Family name	Given name
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other:	
Address	
Suburb	Postcode
Telephone (H)	Telephone (W)
Mobile	Email
Language	
Parent 1 place of work	Hours of work
<b>PARENT 2 DETAILS</b>	
Family name	Given name
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other:	
Date of birth	
Address	
Suburb	Postcode
Telephone (H)	Telephone (W)
Mobile	Email
Language	
Parent 2 place of work	Hours of work
<b>EMERGENCY CONTACT 1 DETAILS</b>	
Surname	First name
Address	
Suburb	Postcode
Telephone (H)	Telephone (W)
Mobile	Relationship
<b>EMERGENCY CONTACT 2 DETAILS</b>	
Surname	First name
Address	
Suburb	Postcode
Telephone (H)	Telephone (W)
Mobile	Relationship
<b>DOCTOR'S NAME</b>	Phone
Address	
Medicare #	Private health fund
<b>CUSTODY ACCESS</b> Who is authorised to collect child/ren from Arena Joondalup OSHC centre?	
(Name of relationship)	Is there a court order in place: <input type="checkbox"/> Yes <input type="checkbox"/> No

CHILD 1 INFORMATION		
First name		
Child's family name		
Date of birth	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female School
Child's CRN		
Place of birth	*Medical conditions	
Languages	*Illness/Accident History	
Child lives with <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Both		
Immunisation records		Dates
DTP	Triple Antigen	ALL IMMUNISATIONS COMPLETED <input type="checkbox"/>
HAE	Haemophilus Influenza Type B	
HIB	Diphtheria Tetanus Pertussis A	NON-IMMUNISED <input type="checkbox"/>
MMR	Measles Mumps Rubella	
POS	Poliomyelitis Oral Sabin	
*Child's swimming level		
*Please use the following criteria to rate your child's swimming level:		
	1.	Non-swimmer
	2.	Swims with floaties in deep water
	3.	Can swim less than 10m unassisted in deep water
	4.	Can swim up to 25m unassisted in deep water
	5.	Can swim competently up to 50m or more in deep water

CHILD 2 INFORMATION		
First name		
Child's family name		
Date of birth	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female School
Child's CRN		
Place of birth	*Medical conditions	
Languages	*Illness/Accident History	
Child lives with <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Both		
Immunisation records		Dates
DTP	Triple Antigen	ALL IMMUNISATIONS COMPLETED <input type="checkbox"/>
HAE	Haemophilus Influenza Type B	
HIB	Diphtheria Tetanus Pertussis A	NON-IMMUNISED <input type="checkbox"/>
MMR	Measles Mumps Rubella	
POS	Poliomyelitis Oral Sabin	
*Child's swimming level		
*Please use the following criteria to rate your child's swimming level:		
	1.	Non-swimmer
	2.	Swims with floaties in deep water
	3.	Can swim less than 10m unassisted in deep water
	4.	Can swim up to 25m unassisted in deep water
	5.	Can swim competently up to 50m or more in deep water

CHILD 3 INFORMATION		
First name		
Child's family name		
Date of birth	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female School
Child's CRN		
Place of birth	*Medical conditions	
Languages	*Illness/Accident History	
Child lives with <input type="checkbox"/> Parent 1 <input type="checkbox"/> Parent 2 <input type="checkbox"/> Both		
Immunisation records		Dates
DTP	Triple Antigen	ALL IMMUNISATIONS COMPLETED <input type="checkbox"/>
HAE	Haemophilus Influenza Type B	
HIB	Diphtheria Tetanus Pertussis A	NON-IMMUNISED <input type="checkbox"/>
MMR	Measles Mumps Rubella	
POS	Poliomyelitis Oral Sabin	
*Child's swimming level		
*Please use the following criteria to rate your child's swimming level:		
	1.	Non-swimmer
	2.	Swims with floaties in deep water
	3.	Can swim less than 10m unassisted in deep water
	4.	Can swim up to 25m unassisted in deep water
	5.	Can swim competently up to 50m or more in deep water

## ENROLMENT DAYS

Please tick below the days your child/children will be attending Arena Joondalup each week. (One tick represents one child). Please be aware that days booked must be paid for, whether child/children attend or not, unless a medical certificate is provided.

Week 1 Tuesday 29 - Friday 2 October	Monday 28 September	Tuesday 29 September INCURSION			Wednesday 30 September EXCURSION			Thursday 1 October EXCURSION			Friday 2 October EXCURSION				
	PUBLIC HOLIDAY	Child 1	Child 2	Child 3	Child 1	Child 2	Child 3	Child 1	Child 2	Child 3	Child 1	Child 2	Child 3		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Week 2 Monday 13 - Friday 17 July	Monday 5 October EXCURSION			Tuesday 6 October INCURSION			Wednesday 7 October EXCURSION			Thursday 8 October EXCURSION			Friday 9 October INHOUSE		
	Child 1	Child 2	Child 3	Child 1	Child 2	Child 3	Child 1	Child 2	Child 3	Child 1	Child 2	Child 3	Child 1	Child 2	Child 3
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Week 3 Monday 20 July Pupil Free Day	Monday 12 October EXCURSION														
	Child 1	Child 2	Child 3												
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												

## EXCURSION DAYS

	Date	Excursion	Departure / Return Time	Parent Signature	Date	Excursion	Departure / Return Time	Parent Signature
Week 1	Wednesday 30 September	DARKLIGHT	12.30am - 2.30pm		Thursday 1 October	SKATE INTERNA- TIONAL	12.00pm - 3.00pm	
Week 1	Friday 2 October	GRAND CINEMAS Currambine	11.30am - 2.30pm					
Week 2	Monday 5 October	AMF BOWLING	1.00pm - 2.30pm		Thursday 8 October	SCITECH	12.30pm - 3.00pm	
Week 2	Wednesday 7 October	WILDKIDZ	1.00pm - 3.00pm					
Week 3	Monday 12 October	AMF BOWLING	1.00pm - 2.30pm					

Please sign off on each excursion that your child/children are attending to indicate that you have familiarised yourself with each excursion, and that you are happy for your child/children to attend where indicated.

PLEASE ENSURE CHILDREN ARE AT ARENA JOONDALUP BY 9.30am ON EXCURSION DAYS!

- Note: departure and return times may vary on some days.

## PARENT STATEMENT

The information given in this statement is true and correct.

Signature Parent./Guardian

Date

## ACCIDENTS AND ILLNESS

We regret we are unable to care for sick children or children with contagious illnesses. Medicine or tablets will only be administered to children by Play Leaders after parent/guardian/Medical Practitioner completes an "Authority to Administer Medication" form giving written authorisation to Arena staff. Panadol will not be administered to children unless authorised (see above).

In the event of any accident or illness, I authorise the obtaining on my behalf of such medical or hospital treatments my child/children may require, and agree to meet any expenses attached thereto. In the case of an emergency, I agree for my child to be transported by private vehicle/ambulance.

Signature Parent./Guardian

Date

## \*\*PROGRAMME OF ACTIVITIES

I am willing for my child/children to participate in all activities offered in the Arena Joondalup Vacation Care/Pupil Free Day Programme. I agree it is my responsibility to familiarise myself with the programme before the start of vacation care and to advise the staff in writing if I do not wish my child/children to participate in a particular activity.

\*\*ARENA JOONDALUP RESERVES THE RIGHT TO CHANGE ANY ACTIVITY DUE TO WEATHER OR ANY UNFORESEEN CIRCUMSTANCES.

Signature Parent./Guardian

Date



## IMPORTANT PARENT INFORMATION

Fax (08) 9300 1199, Email [pauline.harris@venueswest.wa.gov.au](mailto:pauline.harris@venueswest.wa.gov.au)  
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PO Box 33 Joondalup WA 6919  
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### PLEASE DETACH AND KEEP FOR YOUR OWN INFORMATION

Welcome to the Arena Joondalup Vacation Care/Pupil Free Day programme. Please find following some important information for you to keep regarding your child/children's care at the Arena. For a more detailed version of Arena Joondalup Out of School Hours Care Policies, please ensure you collect a copy of our Parent Handbook.

### ARENA PHILOSOPHY

Arena Joondalup Outside School Care Service is a child focused centre where:

- Children, families and staff are treated as equal and valued individuals.
- The value of play is important and children have opportunities for challenge.
- Children are encouraged to develop to their full potential within a safe, caring environment.

### ENROLMENTS

Enrolments for existing Arena Joondalup Before and After School Care families will be offered four weeks prior to the commencement of Vacation Care. General enrolments will commence three weeks prior to the programme commencing. Enrolments are taken at either Front Desk, may be faxed (9300 1199) or emailed ([pauline.harris@venueswest.wa.gov.au](mailto:pauline.harris@venueswest.wa.gov.au)) through to the Childcare Coordinator with credit card details documented on the Enrolment Form.

With the Childcare Management System (CCMS), fees are calculated one week in arrears. Parents are encouraged to record Credit Card or EFT details on the enrolment form.

### CHILD CARE BENEFIT

All families are eligible for Child Care Benefit (CCB). You can apply for this payment, which will reduce your child care fees, at the Family Assistance Office. Arena Joondalup Vacation Care Provider Number is: 407 – 344 – 432 – A. Please note that Pupil Free Days are considered an After School Care programme and therefore have the Provider Number 407 – 344 – 428 – H.

### JET Programme

Please contact your JETS Coordinator should you wish to claim fee assistance.

### SIGNING IN/OUT

All children must be signed in each morning and signed out each afternoon. Not only is this a vital safety feature of our programme, it is to be noted by parents that failure to sign children in and out may see your Child Care Benefit cancelled.

### COLLECTION OF CHILDREN

Please do not take your child/children from Arena Joondalup without notifying staff and without signing them out. Should you wish for someone other than the nominated person/s to collect your child, please complete a Parent Authorisation Form to advise Vacation Care/Pupil Free Day staff of the changes to collection. A photograph of that person would also be appreciated.

### ILLNESS/ACCIDENTS

Should your child/children fall ill or have an accident during the course of Vacation Care/Pupil Free Day, Arena staff will contact you to discuss the best course of action. Please ensure Emergency Contacts have been provided on the Enrolment Form should staff fail to reach either parent or guardian.

### MEDICATION

Arena Joondalup staff will only administer medication if a parent has completed an Arena Joondalup "Authority to Administer Medication" form. Paracetamol will not be administered without parental authority. An Action Plan must be completed by parents and medical practitioner for children with severe allergies.

### EXCLUSION

As a protection for all children and staff, children with infectious diseases will be excluded from the Arena Vacation Care/Pupil Free Day programme until such time as a medical certificate clearance is provided. Parents of children found to have Head Lice will receive notification from the Child Care Coordinator and all parents will be advised through an information flier.

## **IMMUNISATION**

Please ensure immunisation details are recorded on the Enrolment Form. Copies of child immunisation records are to be given to the Child Care Coordinator if your child is aged 7 years or under.

## **ABSENCES**

Parents pay for a place, therefore payment is required whether your child attends or not. An absence will be recorded on the Attendance Sheet, and parents are requested to initial that day. Families are entitled to 42 absences each financial year. One week notice in writing is required for fees to be cancelled.

## **EXPECTATIONS OF BEHAVIOUR**

All children have the right to feel safe and have fun at Arena Joondalup. Arena Joondalup Management reserves the right to request parents remove their children from the Vacation Care/Pupil Free Day Programme should their child be found to be disruptive or abusive towards other children in the programme. (Please read Parent Handbook for further information)

## **RULES AND BOUNDARIES**

Arena Play Leaders will instruct children daily at the commencement of each day's activities on the rules and boundaries of the Arena Vacation Care/Pupil Free Day programme. Children must abide by these rules and boundaries each day to ensure their safety and health whilst in the centre.

## **AGE**

The Arena Joondalup Vacation Care/Pupil Free Day Programme is open to boys and girls aged between 5 and 12 years. Children must have turned 5 and be in Pre-Primary and be 12 years and still in Primary School. (Kindy children cannot enrol due to our staff:child ratios)

## **CHILDREN WITH SPECIAL NEEDS**

Children with special needs will be integrated into the whole group with additional support from an Inclusion Support worker. Funding through Child Australi/KU Services must be secured before one-on-one care can be implemented.

Please note: to ensure ALL children in the Vacation Care/Pupil Free Day programme receive the best possible care and attention from Arena Joondalup Play Leaders, only 3 children with Special Needs can be enrolled on any given day of the programme. Please contact the Childcare Coordinator to clarify our policy.

## **VENUE**

VenuesWest Arena Joondalup, Kennedy Avenue, Joondalup.

## **TIMES**

Arena Joondalup will be open at 7.00am and you must collect your child by 6.00pm.

## **LATE FEE**

Any pick-ups after 6pm will incur a \$1.00 per minute Late Fee.

## **EXCURSION TIMES**

Children must be at Arena Joondalup by 9.30am on excursion days.

## **WHAT TO WEAR AND BRING**

Please provide your child with a cut lunch, fruit, drink and sensible clothing, including shoes. As some of the activities will be based outside, please provide your child with a broad brimmed hat, sunscreen, towel and bathers everyday, or suitable wet weather gear.

## **LUNCH**

Healthy lunchtime options are available at the Perfect Balance Café on in-house days, for a small fee. Please enquire at Vacation Care/Pupil Free Day reception when signing in your child/children in the morning. On most excursions, cold lunches will be requested, however please check with Arena Joondalup prior to that day.

## **LABELLING BELONGINGS**

Please label your child's/children's belongings with their name and phone number. It will be much easier to return. Unclaimed clothing will be stored at Arena Joondalup for two weeks, and then donated to the Good Samaritans.

## **PERSONAL ITEMS**

Do not allow children to bring personal items of value to Arena Joondalup, as we will not be responsible for the security of those items.

## **For more information contact:**

Pauline Harris, Childcare Coordinator

Phone 9300 7136

Email [pauline.harris@venueswest.wa.gov.au](mailto:pauline.harris@venueswest.wa.gov.au)