



**FORM: KIDZ – 06**  
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Initial Issue: March 2013  
 Updated : March 2015

**Vacation Care Online Booking  
 Confirmation Form**

***PCYC Policies & Procedures***

Have you used this service before? Y N

**Child Details** (To assist in Hubworks recognition)

Details	Child 1	Child 2	Child 3
Child First Name:			
Surname:			

**Parent/Guardian Details**

Please note: Unless notified in writing, prior to care, Parent 1 will be responsible for fee payment

Details	CCB Parent/Parent 1/Guardian 1	Parent/Guardian 2
First Name:		
Surname:		

**Additional Information:**

Will you have any other children attending Long Day Care or Family Day Care during this period?

Yes (Number \_\_\_\_\_) No (If Yes, please let us know how many as this will increase CCB)

**Are there any custody/access issues that staff should be aware of?**

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*(Please provide the Coordinator with a copy of Court Orders or Orders of the Family Court details prior to child starting care)*

**Health**

Will your child require staff to administer regular medication?



(If yes, please complete the Medical Management form)



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## Vacation Care Online Booking Confirmation Form

*PCYC Policies & Procedures*

### Bookings

Date _/_/___	Child 1	Child 2	Child 3	Date _/_/___	Child 1	Child 2	Child 3
Mon							
Tues							
Wed							
Thurs							
Fri							

Date _/_/___	Child 1	Child 2	Child 3	Date _/_/___	Child 1	Child 2	Child 3
Mon							
Tues							
Wed							
Thurs							
Fri							

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PCYC Policies & Procedures

### Parent/Guardian Certification

Please read the following statements carefully prior to signing and dating this Certification

1. I give permission for the centre to seek medical advice and treatment for my child in case of an emergency. If transport by ambulance is necessary, I agree to meet the costs.
2. I have completed any illness or allergy management plans that relate to my child(ren).
3. I understand and agree that it is my responsibility to inform the service Coordinator of any changes involving the provision of medication that my child requires. I accept full responsibility for the provision of this medication and staff at the centre are doing so under my instruction.
4. I am aware that I must provide any medication in its original packaging with my child's name and the dosage required clearly labelled.
5. I certify the information provided in Hubworks is true, up to date and accurate and I will notify the service of any change of relevant information.
6. I agree that my child(ren) utilizing the service are PCYC members.
7. I agree to pick up my child(ren) prior to the stated closing time. If late, I agree to pay a late collection fee of \$20 per 15 minutes or part thereof.
8. I agree to have my child collected by an authorized person on a daily basis and for this person to sign my child out on each occasion.
9. I understand that I am required to pay regularly for all booked days (as advised by staff on enrolment) and that I must advise staff of absences or I may still be charged for that day. (By 10am, 2 days prior to absence/change of booking)
10. I agree to allow PCYC KidzCare to take my child/ren on regular outings to local parks, and do not require a separate excursion form for these activities.
11. I agree to my child being photographed for promotional and other purposes (this may include social media)
12. I agree to advise staff of any special needs my child may have.
13. I agree to allow PCYC KidzCare to use sunscreen on my child.
14. I agree to allow my child(ren) to watch G rated movies/computer games while attending PCYC KidzCare.
15. I have read the Parent Information Booklet provided by the PCYC KidzCare and agree to abide by its policy and guidelines.

\_\_\_\_\_  
Parent/Guardian 1

\_\_\_\_\_  
Parent/Guardian 2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date