

SCHOOL HOLIDAYS AT PCYC



**Looking for things to do in the upcoming school holidays?
Look no further than PCYC NSW!**

We provide quality school holiday programs that suit a range of interests and ages in a fun, safe and inclusive recreational environment all year round.

From laser tag, multi-sport, gymnastics and boxing to painting, dance and crafts, our diverse array of activities are designed

to teach new skills and keep the kids engaged, active and entertained no matter your schedule!

Check out our timetable of school holidays activities for the upcoming break and book now for PCYC's huge range of fun, safe, affordable School Holiday activities!

It's time to get active, engaged and have fun these school holidays!



TERMS & CONDITIONS

SCHOOL HOLIDAY PROGRAM

BOOKING AND ENROLMENT PROCESS

- All participants must be a current PCYC member to take part in the holiday program.
- Full payment is required upon booking, bookings will not be confirmed or reserved without full payment.
- Creative and Active Kids Vouchers can be used in some programs (please check with your local centre).

SIGNING IN AND OUT

- All participants must be signed in and out of the program each day. You will be asked to check medical details, contact numbers and ensure that the child has adequate food for the day.
- Please provide details of person picking up child at the end of the day on the sign in process. If circumstances are to change then please contact the centre to provide details of who will be picking up if listed differently on the form.
- Children aged 15 and over (only) can be permitted to make their own way home on conditions that:
- A written and signed letter is provided outlining the details by the Guardian, and
- The individual situation is discussed with the centre manager, who has the ability to approve or not approve each individual case. The participant will still be required to sign themselves out of the program at the end of the day.

PROGRAM CODE OF CONDUCT

So that PCYC can ensure that our programs are fun and safe experience for everybody, we have rules in place for students to follow. These will be explained to your child on arrival. If your child misbehaves, we will discuss with your child's activity officer the best course of action. Some courses of action may result in your child's expulsion from the program with no refund. You can access PCYC NSW behavioral standards on www.pcyctsw.org.au or discuss with your local club.

PROHIBITED

- Drugs, cigarettes and alcohol are not allowed at PCYC any child found using or in possession of these items may be removed from the Centre. Children found in possession of illegal drugs will be reported.

CLASS CANCELLATIONS

- Once booked in for holiday program, all bookings are non – refundable, including change of mind or days. A child can be provided with 'family credit' to the value of booking if a valid medical certificate can be provided for the day scheduled to attend prior to the start of the day.
- A family credit booking can be used within 12 months from the date of issue, however, cannot be used to book into any program that is at full capacity. All bookings are subject to availability.

RISK

- Except for any liability which cannot be excluded by law, PCYC is not liable for any loss or damage suffered by any person as a result of that person's participation in the holiday program.



TERMS & CONDITIONS

HEALTH AND SAFETY

MEDICAL AND CONSENT FORM

- Prior to the school holiday program, you will be required to complete our medical and consent form on behalf of your child.
- The information you provide on the medical and consent form will help us look after your child's health needs. If your child has an injury or pre-existing condition, allergy, special dietary needs or is on prescription medicines, please provide full details on this form.
- PCYC will share the information you provide with your child's activity coordinator.

MEDICATION AT PROGRAM

- Prescription medication can only be administered to the child for whom it is prescribed, from the original container bearing the child's name and with a current use by date. Non-prescription medication cannot be self-administered at the center.

ANAPHYLAXIS

- If your child suffers from anaphylaxis, they should have an anaphylaxis action plan which has been prepared by their doctor. Download sample plan templates from Australasian Society of Clinical Immunology and Allergy website. If your child has a plan, please provide it to the club at least three weeks prior to attending the program.
- Children at risk of anaphylaxis need to bring at least one adrenaline auto injector. On catered programs, children with food allergies are required to wear an identifying red wristband. This is an added precaution to assist staff when managing situations where food allergens may be present..

DIABETES – INSULIN DEPENDENT

- Please be aware that PCYC cannot administer insulin at any time.

ACCIDENTS AND EMERGENCIES

- Centre staff hold senior first aid accreditations and can administer first aid, if required. If your child requires medical assistance, they will be taken to the nearest medical centre or hospital, and we will notify you. In case of emergencies, parents can contact the club manager in attendance.

COMMUNICATION, GRIEVANCE & COMPLAINTS

- If you need to contact your child whilst he or she is at the program, please contact your child's club to arrange communication with the onsite activity coordinator and club manager.
- If you have any concerns about the program or care received, please feel free to talk with the PCYC Club Manager. If you feel like this response does not meet your needs, the Club Manager can refer you to PCYC Club Operations.



BOOKING INFORMATION

Child's Full Name	DOB	PCYC Membership Number

Parent/Guardian & Emergency Contact Information

Name & Relationship	
Address	
Phone	
Email	

Second Emergency Contact

Name & Relationship	
Phone	

Other Adults Authorised to Collect

Name & Relationship	
Address	
Name & Relationship	
Address	

HEALTH, MEDICAL CONDITIONS & COMPLEX BEHAVIOUR

If your child has been diagnosed with any Health or Medical Conditions, is known to display symptoms of Complex Behavior or demands any Special or Dietary Needs, please fill out the PCYC Health & Medical Form (please see PCYC staff to access this form).

Applicable: Y N



BOOKING DETAILS

Additional Holiday Program Information

Payment Details

Payment Details (If not paying directly at PCYC)			
Name on Card			
Card Number		Signature	
Expiry Date		CVC Number	
Voucher Details (If applicable)			
Please Tick	<input type="checkbox"/> Active Kids	<input type="checkbox"/> Creative Kids	
Voucher Number			

Bookings will not be accepted without payment in full.

Media Permission

- I give permission for my child's photographic and/or video image, voice and/or words to be used for promotional purposes in official publications of the Police & Citizens Youth Clubs NSW.
- I do not give permission.

Indemnity Statement

I, the parent/guardian, have read and agree to terms and conditions outlined and:

- I agree for my child/ward to attend the Centre and to undertake all activities and/or to participate in the above program. In the case of an emergency, I authorise PCYC, where it is impracticable to communicate with me, to arrange for my child/ward to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs while my child/ward is attending the Centre/enrolled in the program. I understand that although PCYC and its service providers attempt to minimise any risk of personal injury within practical boundaries, accidents do happen, and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken at the Centre/as part of the program, and I accept that risk.
- I, the undersigned, accept full responsibility for my child/ren's personal belongings and for my child/ren's behaviour during the program and in the event of misbehaviour I will be contacted and asked to collect my child/ren.

Parent/Guardian Name Signed Date



HEALTH & MEDICAL FORM

Child's Full Name	DOB	PCYC Membership Number

Parent/Guardian & Emergency Contact Information

Name & Relationship	
Address	
Phone	
Email	

Second Emergency Contact

Name & Relationship	
Phone	

HEALTH, MEDICAL CONDITIONS & COMPLEX BEHAVIOUR

1. HAS YOUR CHILD BEEN DIAGNOSED WITH ANY OF THE FOLLOWING MEDICAL CONDITIONS?

- Epilepsy
- Anaphylaxis – Please provide ASCIA Action Plan for Anaphylaxis
- Asthma – Please provide Asthma Action Plan
- Sensory deficits – i.e. visually and/or hearing impaired
- Language delay – i.e. expressive or receptive communication delay

2. HAS YOUR CHILD BEEN DIAGNOSED AND/OR KNOWN TO DISPLAY ANY OF THE FOLLOWING BEHAVIORS?

- Autism spectrum disorder
- Attention deficit order
- Challenging behaviors
- Physical and/or verbal aggression towards others
- Absconding
- Sexually abusive behaviors
- Self-harm
- Sensory aversion – i.e., hypersensitivity, loud sounds etc.

HEALTH & MEDICAL FORM

3. REGARDING ANY CHALLENGING BEHAVIOR PLEASE FILL OUT THE TABLE BELOW TO HELP BETTER UNDERSTAND HOW TO SUPPORT YOUR CHILD?

Identified behaviour e.g. physical aggression	Warning Signs e.g starts pacing the room	Known triggers e.g opposition to any request	Strategies to manage behavior

4. SPECIAL REQUIREMENTS & DIETARY NEEDS

Please identify any special needs or requirements not listed above (eg. diet, wheelchair access etc.)

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ADMINISTRATION OF MEDICATION

If medication needs to be administered during the program, please complete the following section:

Name of Medication	Expiry Date	Storage Requirements

Dosage	Method of Self-administration	Frequency

HEALTH & MEDICAL FORM

Are there any circumstances that need to be considered in the administration/storage or delivery of the medication?

I authorise the staff at PCYC
to supervise the self-administration of the medication(s) as recorded on the table.

OFFICE USE ONLY

Prior to administering any prescribed medication to a child, the following questions must be answered. In the event the answer to any of the below questions are 'no', a service will refuse self-administration.

- | | | | |
|--|----------------------------|----------------------------|------------------------------|
| Is the medication in its original container or as dispensed by a pharmacist? | Y <input type="checkbox"/> | N <input type="checkbox"/> | |
| Is the dispensing label attached to the medication/container? | Y <input type="checkbox"/> | N <input type="checkbox"/> | |
| Is the prescribing doctor's information on the label? | Y <input type="checkbox"/> | N <input type="checkbox"/> | |
| Does the name on the dispensing label match that of the child above? | Y <input type="checkbox"/> | N <input type="checkbox"/> | |
| Does the expiry date on the medication match that on the box? | Y <input type="checkbox"/> | N <input type="checkbox"/> | |
| Is there an Action Plan OR Medical Alert sheet for this child? | Y <input type="checkbox"/> | N <input type="checkbox"/> | N/A <input type="checkbox"/> |

