

When school's out, the Y is in!



YMCA Canberra

Vacation Care

Gungahlin

visit: canberra.ymca.org.au

Loads of FUN in a safe & engaging environment



Service Information

The service is located within Gungahlin Leisure Centre, operating hours are 8.00am - 6.00pm.

Please arrive no later than 9.30am as we may go for a local walk in the morning.

Children will participate in programmed activities during the morning.

All children will have a daily 30 minute swimming lesson with qualified instructors. Children will have free swim time in the afternoon, this time will be supervised by oshc educators with a 1:5 ratio.

Please ensure children have swim wear, a change of clothes and a towel.



Gungahlin Vacation Care Booking Form

To enrol your child in Gungahlin Vacation Care January 2018

1. You need to enrol on Gungahlin Vac Hubworks <https://ymca-gungahlinvc.hubworks.com.au> click on enrol link (If you have a Gungahlin Vac Hubworks enrolment, you do not need to do this again)
2. Complete the Gungahlin Vacation Care booking form
3. Your booking will not be processed without enrolling on Gungahlinvac Hubworks
 - Once your application has been processed, you will be invoiced. Two (2) weeks written notice (from date of required care) is needed for all changes/cancellations to Vacation Care bookings.
 - No booking will be accepted if any fees are still owing to any of the YMCA Children's Services programs.

This is an interactive enrolment form and can be filled out and returned electronically to: cscanberra@ymca.org.au

Alternatively you can download the form and fill out by hand (Please use Capital Letters), scanned and faxed to: **02 6242 4439**

All accounts MUST be paid via Direct Debit

We do not accept phone bookings.

NB: Submission of a booking form does not guarantee placement within the Vacation Care Program.

All children must be attending primary school (K-6) to utilise this service

If the child/ren has additional needs and/or may require extra support staff, applications must be received by 1200 Friday 01 December 2017

Child/ren's Details

Child 1: First Name	<input type="text"/>	Last Name	<input type="text"/>	Grade	<input type="text"/>	Age	<input type="text"/>
Child 2: First Name	<input type="text"/>	Last Name	<input type="text"/>	Grade	<input type="text"/>	Age	<input type="text"/>
Child 3: First Name	<input type="text"/>	Last Name	<input type="text"/>	Grade	<input type="text"/>	Age	<input type="text"/>

Parent/Carer Contact Details - Parent/Carer One (has this information been updated on hubworks)

First Name	<input type="text"/>		Last Name	<input type="text"/>			
Address	<input type="text"/>						
State	<input type="text"/>	Postcode	<input type="text"/>	Mobile	<input type="text"/>	Email	<input type="text"/>
Work Phone	<input type="text"/>		Home Phone	<input type="text"/>			

Parent/Carer Contact Details - Parent/Carer Two (This person will have permission to collect the child/ren)

First Name	<input type="text"/>		Last Name	<input type="text"/>			
Address	<input type="text"/>						
State	<input type="text"/>	Postcode	<input type="text"/>	Mobile	<input type="text"/>	Email	<input type="text"/>
Work Phone	<input type="text"/>		Home Phone	<input type="text"/>			

Medical/Behaviour

Do any of the children have any medical issues or behavioural issues that the YMCA needs to be aware of?

YES NO (if yes, please indicate which Child/ren) Child 1 Child 2 Child 3

Please specify/detail the medical/behavioural diagnosis, how it affects the child/ren and what management plans are in place including medication. It is YMCA policy that all action plans be attached to each vacation care booking form prior to processing of the booking.

If the child/ren require/s medication while on program, an **Authority To Give Medication Form** must be completed. You can obtain a form from YMCA Children's Services HQ - 02 6242 4040



YMCA Canberra



Vacation Care Summer 2018

Please **WRITE YOUR INITIALS** on the day/s the child/ren require/s care below, giving permission for each child to participate in daily activities and attend nominated excursions.

WRITE YOUR INITIALS

Week 1

Excursion

Child 1

Child 2

Child 3

Monday	08/01/18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	09/01/18 Hockey Workshop (1345-1445)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	10/01/18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	11/01/18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	12/01/18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Week 2

Excursion

Child 1

Child 2

Child 3

Monday	15/01/18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	16/01/18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	17/01/18 Water Games (1345-1445)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	18/01/18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	19/01/18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Week 3

Child 1

Child 2

Child 3

Monday	22/01/18 Boot Camp (1345-1445)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	23/01/18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	24/01/18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	25/01/18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	26/01/18 PUBLIC HOLIDAY - Service Closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Week 4

Child 1

Child 2

Child 3

Monday	29/01/18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	30/01/18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	31/01/18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	01/02/18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	02/02/18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Gungahlin Vacation Care Booking Form

Program Consent

Do you consent to the child/ren having their face painted during programmed activities? Please tick

YES NO (if yes, please indicate which Child/ren) Child 1 Child 2 Child 3

Do you consent to the child/ren having their hair decorated with coloured hairspray during programmed activities?

YES NO (if yes, please indicate which Child/ren) Child 1 Child 2 Child 3

Do you give permission for the child/ren being photographed or filmed for the purpose of promoting the YMCA?

Our centres Duty of care ensure that children's safety and privacy is of the highest priority at all times.

YES NO (if yes, please indicate which Child/ren) Child 1 Child 2 Child 3

Do you give permission for the child/ren to watch G or PG rated programs (TV, DVD, Video or Movies) and play G or PG rated computer games?

YES NO (if yes, please indicate which Child/ren) Child 1 Child 2 Child 3

Reference Base

Have you previously used YMCA Before, After School care or Vacation care? YES NO

How or where did you hear about YMCA Outside School Hours Care ?

YMCA Website Other YMCA service Internet Search Radio/TV Ad

Flyer/Poster Mailbox drop School Word of Mouth

Terms & Conditions

Fees: The daily cost is \$85.00 per child from 8 am – 6 pm. This daily cost includes group swimming lesson and activities.

Refunds/Changes/Cancellations: Refunds or credits are not given unless a program is canceled by the YMCA of Canberra. Two (2) weeks written notice (from date of required care) is needed for all changes/cancellations to vacation care bookings.

Late Bookings: Enrolments will close at 12pm each day for 2 days in advance. For example, If your booking is for a Monday, enrolments will close at 12pm the Thursday before. If your booking is for a Wednesday, enrolments will close at 12pm on the Monday.

Local Walks: Children may participate in local excursions within a 2km radius. Children will walk to destinations and will be supervised by educators at all times. I understand that due care will be taken by YMCA employees and that the employee cannot be held responsible for any damage or injury occurring during travel. Risk assessments are completed for each local walk and are available at the program. The anticipated number of children attending local walks will be 20.

Drop off and pick up: At the commencement of each morning, you are required to sign the child/ren in on the roll. The child/ren must also be signed out and will not be allowed to leave the centre with any person other than those nominated on this booking form. Written notification is required to allow another person to collect the child/ren.

Behaviour Management: I/We have read the OSHC Behavioural Guidance Policy http://www.canberra.ymca.org.au/childrenservices/policies/Pages/default.aspx & agree to abide by the guidelines.

I/We have informed the child/ren of the guidelines and take responsibility for them abiding by the guidelines. I/We understand that there are consequences for not following the Behaviour Guidance Policy and that the positive strategies that are outlined in the Policy will be implemented if the child/ren is in breach of the guidelines.

What to bring: Please pack the child/ren swim wear, 2 x towels, clothes for when children are not swimming, a healthy morning tea, lunch, afternoon tea, a drink bottle, a hat, a jumper and appropriate shoes for daily activities. Please do not bring food which needs to be heated or that contains nuts.

Staff: Information on which educators are working daily is displayed in centre.

Late Fees: To cover staffing requirements, a fee of \$5 per minute per child will be charged to your account after 6 pm.

Parent/Carer 1 Signature. By signing below you agree to all terms and conditions specified above

First Name [input box]

Last Name [input box]

Signature [input box]

Date [input box]

**Student Enrolment Form and
Permission Note for Swimming Lessons**

Medical: Any medical information regarding your child must be given directly to the program. The information will then be passed on to the Gungahlin Learn to Swim School.

First Name:	
Surname	
DOB: _____ / _____ / _____	Current Age _____
Gender: Male / Female	

Levels: For safety reasons, it is extremely important to grade your child correctly. Please note that if you do not allocate a level for your child they will be automatically enrolled into Octopus. If this is deemed to be inappropriate, the LTS supervisor will do their best to put children in the appropriate levels where possible on the first day of lessons.

Please tick the levels which best describe your child's capabilities

<input type="checkbox"/> Level 1 – Octopus Beginner swimmer, not confident submerging. Needs assistance in the water for most skills including gliding & kicking. Beginning skills of freestyle and backstroke.	<input type="checkbox"/> Level 4 – Tuna Comfortably able to swim 25m Freestyle and Backstroke with correct technique Learning Breaststroke
<input type="checkbox"/> Level 2 – Sardine Front Rocket/Torpedo Back Rocket/Torpedo Independent Freestyle including side breathing up to 10m Independent Backstroke up to 10m	<input type="checkbox"/> Level 5 – Dolphin/Shark Able to swim 50m freestyle, backstroke and breaststroke using correct stroke techniques Butterfly with correct technique
<input type="checkbox"/> Level 3 – Salmon Comfortably swim recognised strokes Freestyle include side breathing with a correct kicking technique up to 15m Backstroke straight arm recovery and correct kicking technique up to 15m Learning breaststroke kick up to 5m	<input type="checkbox"/> Level 6 - Club Squad All 4 strokes – high levels techniques Turns and starts Is currently attending or has previously attended SwimFit or club squad swimming.

I _____ acknowledge that during all times whilst on the Gungahlin Leisure Centre premises, both my children and their property shall be the care of the Vacation Care staff and I will not hold the YMCA of Canberra or YMCA NSW, their general staff or swimming instructors liable for any personal injury or loss of property.

Parent/Guardian Signature: _____ **Date:** _____ / _____ / _____

NB Parents/Guardians: Refunds/Changes/Cancellations: Refunds or credits are not given unless a program is cancelled by YMCA NSW or the YMCA of Canberra. Two (2) weeks written notice (from date of required care) is needed for all changes/cancellations to vacation care bookings.