



**DUBBO NEIGHBOURHOOD CENTRE INC**

Please complete and return to Dubbo Neighbourhood Centre: 31-33 Church St  
 Email: oosh@dnc.org.au

**Term 2 2021 Vacation Care Booking Form**

**Early Bird \$60 per child / per day** (submissions made with more than 14 days notice).

**Regular \$65 per child / per day** (submissions made with more than 7 days notice)

**Late: \$70 per child / per day** (submissions within 7 days of booking)

**Child/ren Name:** .....

Please circle preferred Centre (subject to availability):      **South**      **West**

Please tick the days you require care.

<b>Monday 21<sup>st</sup> June</b>  Before & After School Care Only	<b>Tuesday 22<sup>nd</sup> June</b>  Before & After School Care Only	<b>Wednesday 23<sup>rd</sup> June</b>  Before & After School Care Only	<b>Thursday 24<sup>th</sup> June</b>  <b>WEST ONLY</b>	<b>Friday 25<sup>th</sup> June</b>  <b>WEST ONLY</b>
<b>Monday 28<sup>th</sup> June</b>	<b>Tuesday 29<sup>th</sup> June</b>  South Tenpin Bowling Excursion (see below)	<b>Wednesday 30<sup>th</sup> June</b>	<b>Thursday 1<sup>st</sup> July</b>  West Tenpin Bowling Excursion (see below)	<b>Friday 2<sup>nd</sup> July</b>
<b>Monday 5<sup>th</sup> July</b>	<b>Tuesday 6<sup>th</sup> July</b>  South Reading Cinemas Excursion Additional cost \$12	<b>Wednesday 7<sup>th</sup> July</b>	<b>Thursday 8<sup>th</sup> July</b>  West Reading Cinemas Excursion Additional cost \$12	<b>Friday 9<sup>th</sup> July</b>

**South Tenpin Bowling Excursion:**

Child/ren shoe size: .....

Bowling only (\$13):

Bowling, Pizza & Drink (\$15):

**West Tenpin Bowling Excursion:**

Child/ren shoe size: .....

Bowling only (\$13):

Bowling, Pizza & Drink (\$15):

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**MEDICAL** Please complete if your child has a medical condition eg. Asthma

**Child 1 Name:** ..... **Medical Condition:**.....

**Child 2 Name:** ..... **Medical Condition:** .....

**Have you provided a current medical management plan?** eg Asthma Action Plan

**Yes / No / NA**

**Does your child require medication to be administered onsite?**

**Yes / No / NA**

**If 'Yes' please tick 1 option below.**

I will supply medication to staff at the Centre my child is attending.

I request previously provided medication at ..... (Centre) to be moved to South or West Vacation Care.

**Vacation Care Conditions:**

- Cancellations of bookings require a minimum of 7 days notice or full fees will apply.
  - The Child Care Subsidy will not be paid if your child/ren are absent from care on the **first** or **last** day of your bookings. For more information please refer to <https://www.servicesaustralia.gov.au/individuals/services/centrelink/child-care-subsidy/how-manage-your-payment/if-your-child-absent-from-child-care>
- Bookings will not be made if outstanding money is owing and a payment plan is not in place. Accounts will be reviewed in Week 9 and failure to pay accounts may result in the cancellation of bookings.
- For children requiring medication, the medication must be in-date and in its original packaging with a pharmaceutical label with the child's name. This will be checked daily. If medication is not in date or in the original labelled packaging your child will not be permitted to attend until medication is brought to the service in date and in the correct packaging. Please allow additional time at drop-off on your child's first day of attendance to sign medical forms.
- Vacation Care, like all our services, are nut free. Nuts or foods containing nut products are not permitted to be brought to the service.

**Is your child registered in Out of Home Care? YES / NO If yes, which service:** .....

**Are there court orders or parenting plans pertaining to your child? YES / NO**

I, ....., (full name) agree to the above terms and conditions for Vacation Care.

**Parent/Carer Signature:** ..... **Date:** .....

Office Use only: Date received.....