



**EXISTING FAMILIES REQUEST FOR
VACATION CARE JULY HOLIDAYS 2010**

Dear Parents,

Thank you for choosing Play Planet Vacation Care . As your children have previously attended Vacation Care with us, we do not require you to re-enrol. Below you will find a booking form that we require you to complete & return with your payment form (attached) to ensure your child's place for Vacation Care in 2010.

Please note below the Priority of Access Guidelines that we are legally required to follow & the Play Planet Vacation Care Booking Guidelines.

Please only complete this form if your child/ren have previously attended Play Planet Vacation Care. Thank you.

Children Names

1. _____
2. _____
3. _____

**FOR ANY CHANGES TO YOUR PERSONAL DETAILS
PLEASE COMPLETE A NEW ENROLMENT**

Play Planet Vacation Care : Priority of Access

As an Approved child care service we are required to follow the Priority of Access Guidelines as determined by the Australian Government. Due to the limited child care places available please be aware that families with a higher priority will take precedence on waiting lists and allocation of places. **If the need arises we MUST offer a place to a family with higher priority even if this means we can't continue to offer your family a place.**

The Priority of Access guidelines set out the following three levels of priority:

Priority 1 - a child at risk of serious abuse or neglect.

Priority 2 - a child of a single parent or both parents who are working/ training/ studying as defined under section 14 of the Family Assistance Act.

Priority 3- any other child.

Within these main categories priority should also be given to the following children:

- a) children in Aboriginal and Torres Strait Islander families
- b) children in families which include a disabled person
- c) children in families on lower incomes (CCB percentage 100%)
- d) children in families with a non-English speaking background
- e) children in socially isolated families
- f) children of single parents

Places will be offered to families on the following basis:

*Priority of Access Guidelines as above (currently most families fall within Priority 2)

* Existing families (attended previous holidays), also for new enrolment siblings.

* New enrolments

*Additional bookings in order of date received for existing and new families wishing to use Play Planet Vacation Care .



VACATION CARE ENROLMENT FORM JULY HOLIDAYS 2010

PLEASE READ THE FOLLOWING CONDITIONS OF ENROLMENT CAREFULLY BEFORE SIGNING & RETURNING YOUR CHILD'S ENROLMENT

Payments made by credit card will appear on bank statements as a payment to FEVA PTY LTD.

Confirmations of booked days will be sent by email or text message, please ensure your email and mobile phone number are on the enrolment form.

Booking will only be confirmed with a completed payment form and approved payments made on bookings (all payments in advance).

NO refunds for will be given on cancellations to bookings made.

If your child is unwell (with a medical cert) & unable to attend credit will be put on account for future holiday programmes.

I understand my child may go on a SUPERVISED excursion to the local park (Quarry Reserve) & understand that they will be crossing Wattle & Amourin St's.

I have read & understand the Booking & Enrolment Information feature on the Play Planet website & the Priority of Access guidelines as listed below in regards to bookings.

I understand that I need to hold a CRN number & be assessed by the FAO to claim any fee reductions.

I agree to pay all fees and costs on time in accordance with the policies of Play Planet Vacation Care.

I authorise staff from Play Planet to provide or give medical attention to my child/children in the event of any unforeseen circumstance.

I acknowledge that my child will not attend the program if suffering from an infectious or contagious disease. In the event that my child is injured or becomes ill during the program, either myself or an authorised person will collect my child as soon as possible.

I agree that my child be photographed and involved in audio/visual recordings for use in centre programs and also for Quality Assurance and Licensing Purposes.

I give permission for my child to watch Movies rate G or PG, under the supervision of Vacation Care staff.

I acknowledge that my child will be participating in workshops as outlined in the Vacation Care brochure.

The information gathered on this enrolment form will be used for Program purposes only and will be accessible to Play Planet Vacation Care staff, Play Planet Management and relevant Government Departments.

Long Day drop off after 8am & pick up by 6pm. Short Day drop off after 9am and pick up by 4pm.

Parents/Guardians	FULL NAME	
Signature		Date



PLEASE INDICATE DAYS THAT YOU REQUIRE CARE

Children Names

- 1. _____
- 2. _____
- 3. _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
WEEK 1	5 July	6 July	7 July	8 July	9 July
Short Day	X	X	X	X	X
Long Day	X	X	X	X	X
WEEK 2	12 July	13 July	14 July	15 July	16 July
Short Day	X	X	X	X	X
Long Day	X	X	X	X	X
WEEK 3	19 July				
Short Day	X				
Long Day	X				

Long Day drop off after 8am & pick up by 6pm.

Short Day drop off after 9am and pick up by 4pm.



Vacation Care Payment Form

This form must be submitted with your enrolment form. Enrolments will only be processed when both forms are received.

Children Names

1. _____
2. _____
3. _____

Office Use

- Enrolment processed
- Claiming CCB
- CRN provided
- Payment Received
- Payment Processed
- Receipt Allocated

Total Fee	_____
CCB claim	_____
Paid	_____
Balance owed	_____

Fees

Short Day \$55 per child _____ days X _____ children X \$55 = \$ _____

Long Day \$65 per child _____ days X _____ children X \$65 = \$ _____

Payment Options

Cash payments are accepted 1-5pm Monday to Friday. Please pay in person at Play Planet. Total Amount to be paid \$ _____

EFTPOS payments are accepted 1-5pm Monday to Friday. Please pay in person at Play Planet. Total Amount to be paid \$ _____

Cheque will be accepted at least 4 business days prior to Vacation Care made payable to PLAY PLANET for the full fee amount. Total Amount to be paid \$ _____

Credit Card (Visa or Mastercard). Please charge my credit card with the full amount of fees due for the requested days on my enrolment form. Payments will appear on your statement as **FEVA Pty Ltd**

Visa or Mastercard (please circle)

Cardholder Name _____

Card Number _____/_____/_____/_____ Exp _____

Signature _____

Date _____