



HOW TO ENROL IN HOLIDAY ACTION

The enrolment procedure is as follows:

Enrolments open Monday 7th September
from 9.30am until 5.30pm only weekdays
(Excluding Public Holidays)

In Person (Preferred Method):

Bring completed Enrolment Form and Payment to
Youth Resource Centre
86 Derrimut Road
Hoppers Crossing 3029.

Payments in person can be made with Cash, Cheque (Made payable to Wyndham City Council), Credit, or EFTPOS. Enrolments are not confirmed until payment is made. If an enrolment cannot be accommodated you will be contacted by Wyndham City Council Youth Services.

PLEASE DO NOT SEND CHEQUES/MONEY
ORDERS OR ENROLMENT FORMS IN THE MAIL.
THEY WILL NOT BE ACCEPTED!!!!

Other Methods:

1. Fax: Should you wish to enrol via fax, please contact YRC Reception on 9742 8155 first. Then please Fax completed Enrolment Form to 9748 8286. YRC Reception will then contact you to arrange payment via Credit Card. Enrolment forms that have been faxed are not confirmed until payment has been made and cleared. If an enrolment cannot be accommodated you will be contacted by Wyndham City Council Youth Services (Please note Cheques can only be accepted In Person at the YRC).

Agencies/Funding providers can be invoiced for the cost of Young People attending the Holiday Action Program. Please have your Worker contact the Holiday Action Coordinator to arrange this.

FEES

YRC Days

(All prices are G.S.T. inc)
Flat Rate of \$8.00
per young person per day
Includes Basic Lunch & Drink
and Activities

Excursion Days

(All prices are G.S.T. inc)
\$14.00 per day
Concession \$10.00 per day
Only available on presentation of a Health
Care/Pension Card
2nd child discount \$11.00 per day
3rd child discount \$10.00 per day

Enrolment Information

- There are limited places available on some days. Waiting Lists may be available (You will be contacted if you are able to be accommodated)
- Enrolments are taken on a 'First in, First Served' basis.
- Once a booking has been made, a refund will only be given on presentation of a Doctor's Certificate and if staff are notified prior to the day commencing of the young person not attending (please call 9742 8155 prior to start time) or at the discretion of the Program Coordinator.
- Excursions may be altered at late notice due to external factors. Wyndham City Council- Youth Services reserves the right to make changes to the program without notice.
- Pick Up and Drop off points are at the Youth Resource Centre, 86 Derrimut Rd, Hoppers Crossing.



HOLIDAY ACTION ENROLMENT FORM

DETAILS OF YOUNG PERSON

SURNAME:		DATE OF BIRTH:	AGE:
FIRST NAME		GENDER (please circle): Male Female	
ADDRESS		YOUNG PERSONS MOBILE PHONE NUMBER:	

YOUNG PERSON HEALTH INFORMATION

DOES THIS YOUNG PERSON SUFFER FROM ANY ILLNESSES OR MEDICAL PROBLEMS?	YES <input type="checkbox"/> NO <input type="checkbox"/>	NAME OF ILLNESS	
DOES THIS YOUNG PERSON SUFFER FROM ASTHMA, EPILEPSY OR DIABETES?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Please Provide a Copy or Details of their Action Plan (available from your GP)	
DOES THIS YOUNG PERSON SUFFER FROM ANY ALLERGIES?	YES <input type="checkbox"/> NO <input type="checkbox"/>	NAME OF ALLERGY	
USE ANY MEDICATION (S)?	YES <input type="checkbox"/> NO <input type="checkbox"/>	NAME OF MEDICATION(S)	
WILL THE MEDICATION(S) NEED TO BE ADMINISTERED DURING PROGRAM?	YES <input type="checkbox"/> NO <input type="checkbox"/>	NAME OF MEDICATION: DOSAGE: TIME:	If YES- Additional forms to complete
DOES THIS YOUNG PERSON HAVE ANY SPECIAL/ADDITIONAL/ MEDICAL NEEDS?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES PLEASE SPECIFY:	
DOES YOUR YOUNG PERSON REQUIRE A SUPPORT WORKER?	1 ON 1 <input type="checkbox"/> SIGHT PERSON <input type="checkbox"/> OTHER <input type="checkbox"/>	If YES- Additional forms to complete	
INFORMATION THAT MAY ASSIST THE LEADERS TO ENSURE YOUR YOUNG PERSON HAS AN ENJOYABLE DAY:			
DOES THIS YOUNG PERSON HAVE ANY CULTURAL OR DIETARY NEEDS	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES PLEASE SPECIFY:	
LAST TETANUS VACCINATION RECEIVED			

PARENT/GUARDIAN/WORKER CONTACT DETAILS

SURNAME	FIRST NAME(S)		
ADDRESS	RELATIONSHIP TO YOUNG PERSON <input type="checkbox"/> Parent(s) <input type="checkbox"/> Worker <input type="checkbox"/> Guardian or Carer <input type="checkbox"/> Other (please specify)		
PREFERRED CONTACT NUMBER	HOME PHONE NUMBER	WORK/MOBILE PHONE	

EMERGENCY CONTACTS

(Will only be contacted in the event that parent/guardian/worker are not contactable)

NAME:	RELATIONSHIP TO YOUNG PERSON
PREFERRED CONTACT NUMBER(S)	ALTERNATIVE CONTACT NUMBER(S)
NAME OF FAMILY DOCTOR:	PHONE NUMBER:

DAYS ATTENDING HOLIDAY ACTION

HAS THIS YOUNG PERSON PARTICIPATED IN THE HOLIDAY ACTION PROGRAM BEFORE? YES No

	DATE	ACTIVITY	PLEASE TICK	PRICE	COST
Week 1	Monday 21 st Sept	LASER TAG & TEN PIN BOWLING		\$14.00 or \$10 conc.	
	Tuesday 22 nd Sept	YRC- YOUTH ATRZ		\$8.00	
	Wednesday 23 rd Sept	ROYAL MELBOURNE SHOW		\$14.00 or \$10 conc.	
	Thursday 24 th Sept	IMAX & MUSEUM		\$13.00 or \$10 conc.	
	Friday 25 th Sept	YRC- GRAND FINAL FEVER		\$8.00	
Week 2	Monday 28 th Sept	LUNA PARK		\$14.00 or \$10 conc.	
	Tuesday 29 th Sept	YRC- MASTER CHEF DAY		\$8.00	
	Wednesday 30 th Sept	SOVEREIGN HILL		\$14.00 or \$10 conc.	
	Thursday 1 st Oct	MOVIES		\$14.00 or \$10 conc.	
	Friday 2 nd Oct	YRC- JAPANESE DAY		\$8.00	

***Parents/guardians need to complete an additional waiver form

Total Amount To Be Paid **\$**

SUPERVISION

EXCURSION DAYS

Please be aware that Holiday Action does not provide direct individualised supervision of Young People while on program, unless specifically requested (i.e. for Young People with Additional Needs). There will be a minimum staff supervision ratio of 1 program staff to 15 young people with two staff being present at all times.

Young People have the freedom to explore the venues we attend (within boundaries set by staff), generally in small groups. All due care will be exercised by the leaders, however we are attending venues where young people will interact with the both each other and the general public. Young People are more than welcome to remain with staff (where possible) during the activities but be aware that It is the equal responsibility of both the staff members and the young person to ensure that they engage with the group and that young people will be restricted and may not be able to complete activities of their choice.

A staff member will be available at all times, remaining in one location for the duration of the day with the remaining staff interacting with the young people and engaging in the activities. Participants will be given a wristband with staff contact numbers, a map (where appropriate) and any additional information as required. Participants will also be required to meet at certain times throughout the day to check in. Should a participant not check in at appropriate times, after 10 mins we will call the parents/emergency contact and after 15-20 minutes we will contact the police.

I READ THESE CONDITIONS AND I AM HAPPY FOR THE YOUNG PERSON TO TAKE PART IN HOLIDAY ACTION EXCURSIONS UNDER THESE CONDITONS. I HAVE READ AND EXPLAINED THE CONDITIONS OUTLINED ABOVE TO THE YOUNG PERSON. THE YOUNG PERSON UNDERSTANDS THESE CONDITIONS.

- YES
- NO (PLEASE CONTACT THE HOLIDAY ACTION COORDINATOR TO DISCUSS ALTERNATIVES).

ARE THERE ANY CUSTODY/LEGAL ARRANGEMENTS THE PROGRAM SHOULD BE AWARE OF? YES No
If yes, the Holiday Program legally requires a photocopy of the court order

IS YOUR YOUNG PERSON ALLOWED TO LEAVE THE PROGRAM ALONE/ MAKE THEIR OWN WAY HOME? YES No
Please note: If you tick NO, your young person must remain at the program until a parent/guardian collects them. Parents/ Guardians can be charged \$5 for every 5 minutes that your young person is at the program after finishing time. This contributes to paying overtime wages to staff.

WHAT MOVIE / VIDEO RATING DO YOU APPROVE FOR YOUR YOUNG PERSON'S VIEWING? (Tick the Highest Rating Allowed)
 G PG
 M MA

SWIMMING ABILITY (please tick) EXCELLENT (200 m+ (4+ Laps)) GOOD (50-200m (1-4 laps)) AVERAGE (50m (1 Lap)) POOR (Less than 25m) NON SWIMMER

DO YOU ALLOW FOR PHOTOGRAPHS/VIDEO FOOTAGE TO BE TAKEN OF THE YOUNG PERSON DURING HOLIDAY ACTION? YES NO

PERMISSION FOR HOLIDAY ACTION

I, as the parent/guardian/worker of _____ give consent for my Young Person to attend the excursions and activities conducted by the Wyndham City Council Youth services Holiday Action Program.

I understand and accept that:

- Appropriate fees should be paid for my Young Persons' participation in the program
- There will be a minimum staff supervision ratio of 1 program staff to 15 young people with two staff being present at all times and that all due care will be exercised by the leaders,
- The Young Person will walk supervised to local activities and be transported by bus to activities not within walking distance.
- The young person will conform to standards of behaviour as directed by staff and that if my daughter/son does not adhere to these standards further participation may be denied.
- All personal belongings are the responsibility of the young person. Wyndham City Council does not accept responsibility for any items of value misplaced or stolen while the young people are on the program.
- Refunds will only be given if a Doctor's Certificate is presented and staff are notified prior to the day commencing of the young person not attending.
- The Young Persons will need to supply their own snacks, lunch (unless provided), drinks and are able to bring spending money but that it is their responsibility.
- The Young Person/s will adhere to the Wyndham City Council's Youth Services Sun smart Policy.
- If my child is 12 years old and in grade 6 they will be able to attend the Teenage Holiday Program during the September holidays, prior to them commencing Year 7.

I, *THE UNDERSIGNED*, approve of this application and in so doing, agree that Wyndham City Council, its Officers and Servants, are to be free and clear of all responsibilities and liabilities whatsoever of any accident, illness or damage to personal property incurred during my Young Persons' participation in any activities and/or excursions connected with this enrolment.

I consent to the personal/health information collected on this form. I have completed the details of my child's medical information and I agree to advise immediately in the event of any change in this information. I further declare that the young person has been in good normal health, unless otherwise stated on this form and agree to advise immediately in the event of his/her contracting any ailment likely to be detrimental to the health of other participants.

I further authorise the leader in charge to make arrangements for any medical attention or treatment that may be necessary and agree to meet any and all expenses incurred. I also understand that if the behaviour of my child is of an unsuitable standard, irresponsible and/or does not comply with set safety rules I agree to either immediately collect my child from the program or he/she will be returned home at my expense or to reimburse Council for any costs involved in the return of my / our child from the program. Please be aware that further participation may be denied. I accept that if my child damages equipment, I will have to pay expenses as a result of my child's action.

I have read and explained the conditions outlined above to the young person. The Young Person understands these conditions.

SIGNATURE:	Date	/ /
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PRIVACY NOTIFICATION

Council is collecting the personal/health information requested on this form for Wyndham City Council Youth Services program provision requirements. Solely Council and its contracted service providers will use the personal/health information for that primary purpose or directly related purpose. The information shall remain private and confidential within Council and will only be disclosed to other persons or agencies as consented to by the authorised parent/guardian or in emergency situations. All emergency contacts listed have been notified and have given permission for their details to be provided. The applicant understands that the personal/health information provided is for the Wyndham City Council Youth Services program provision requirements and that they may apply to Council for access and/or amendment of the information.