

Skoolzout@Corrimal | School holiday program booking form

Located at the Illawarra School for Children with Autism (Wilford Street, Corrimal).

Please complete this form and return it to the Director via post or fax to **Big Fat Smile, PO Box 475, Corrimal NSW 2518** or fax to **4283 9901** by **Friday 29 March 2013**. Please Note: Due to high numbers of children typically enrolling in the holiday services, days you request may not be available.

BOOKING CONFIRMATION

You will receive a phone call or email from Big Fat Smile to confirm your booking.

CHILD 1

Given Names: _____ Family Name: _____
Gender: _____ Date of Birth: _____
Legal Guardian: _____ Contact Number: _____
Postal Address: _____
Email Address: _____

CHILD'S INDIVIDUAL NEEDS

To assist staff with effective programming for your child, please detail your child's additional needs:

HEALTH DETAILS

Name of Family Doctor: _____ Phone number: _____
Address: _____
Medicare Number: _____ Health Care Card No.: _____
Private Health Fund?: Yes No Fund Name: _____
Fund Memberhsip No.: _____ Do you have Ambulance Cover?: Yes No

MEDICATION

If your child will require the administration of medication whilst in our care these school holidays, please fill out an Big Fat Smile Authorisation and Administration of Medication Form at the service.

The following information will assist staff to meet the individual needs of your child:

Task	Assistance required			Task	Assistance required		
	Total	Some	None		Total	Some	None
Dressing				Drinking			
Washing hands				Toileting			
Eating							

Does your child have any food sensitivities or allergies we should know about?

Yes No (if yes, please specify and attach Emergency Action Plan)

Please include information to assist us in addressing your child's interest/needs these school holidays (eg: favourite toy / special interest / rewards):

Permission to contact child's school:

The school holiday program should build on and complement strategies in place for your child's schooling.

Do you give permission for Big Fat Smile to contact your child's school? Yes No

Parent/Guardian Signature: _____ Date: _____

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Please indicate the number of children you wish to attend per day in the spaces provided below. Details about each day's activities can be found in the program.

Week 1.

Activity	No. of Children	Transport	Please Sign
Monday 15	Wheels Day	-	
Tuesday 16	Wet 'n' Wild	Private Bus	
Wednesday 17	Music Singing Station	-	
Thursday 18	Water Views	Private Bus	
Friday 19	Skoolzout Masterchef	-	

Week 2.

Activity	No. of Children	Transport	Please Sign
Monday 22	Make Believe Day	-	
Tuesday 23	Rainbow Day	-	
Wednesday 24	Mini Sports and BBQ	Private Bus	
Thursday 25	Public holiday - no service	-	-
Friday 26	Super Hero Movie Day	-	

Important information

What to Bring:

- Hat, enclosed shoes, shirts/tops with sleeves
- A drink bottle
- Lunch every day, unless otherwise specified

Challenging Behaviours: Big Fat Smile reserves the right to review a child's access to all or part of the holiday program if their behaviour affects their safety or the safety of other children or staff.

Medication Information: If your child requires medication whilst in our care, you will need to fill out a Medication Form (available at the centre). Medication must be in the original packaging and have the child's name and doctor clearly indicated.

Absences: Please inform the centre as early as possible if your child/ren will be absent on an enrolled day. Please note that fees for absences will be charged to your account unless 2 days notice is given.

Excursion Information: It is important that you check the departure times for all excursions. Big Fat Smile staff members are unable to return for children who arrive late for excursions. Anticipated numbers: 9 children, 1:2 ratio - 5 staff. Risk assessments have been completed for all excursions, please see staff if you would like a copy.

Fees: Fees start from as little as \$16.90 per day with Child Care Benefit. Even less with 50% rebate for working families. For more information regarding your entitlements, call the Family Assistance Office on 13 61 50.