School Holiday Program (MUSHP)
Family and Child Care
Health, Wellbeing and Development
www.adm.monash.edu.au/community-services/family

Dates
Week 1 Monday 24 September – Friday 28 September 2007
Week 2 Monday 1 October - Friday 5 October 2007

Closing date for enrolments – Friday 14th September 2007

Cost / payments
MUSHP Standard Program
$40 per child per day (CCB discount, if applicable)
Cheque/Money Order – made out to Monash University

Returning enrolment forms
Please complete the following form and return it with payment by the closing date, either by mail or in person.

School Holiday Program – MUSHP
Family and Child Care
Health, Wellbeing and Development
Building 10, Campus Centre
Monash University CLAYTON 3800

All families will be mailed a Confirmation of Enrolment Pack once enrolment has been processed.
Enrolments made in person will not be processed on the spot.
Enrolments that do not include payment will not be processed.
MUSHP accepts no responsibility for delays by Australia Post.

Refund policy
No refunds will be given after the close of enrolments.

CCB discount fee calculation
To receive Child Care Benefit (CCB) you must apply to Family Assistance Office/Centrelink (PH 13 61 50) and link your family to our service: Monash University School Holiday Program – Customer Reference Number: 555 007 699C
www.familyassist.gov.au/internet/fao/fao1.nsf/content/online_services
We are unable to provide any reduction in fees until we have your status in writing.
To calculate your fees using your CCB discount, visit our website www.adm.monash.edu.au/community/services/family and follow the links to Enrolment Procedures
OR telephone 9905 3156 – please have your current percentage details ready

Contact/enquiries
Telephone 9905 3156
Email  dinah.humphries@adm.monash.edu.au
       janita.grant@adm.monash.edu.au
www.adm.monash.edu.au/community-services/family

The Monash University School Holiday Program is an employer sponsored holiday program, and offers care for families who work and study at Monash University, and for community families.
In the event of a waiting list, Priority of Access will be given to families working and studying at Monash University.

Enrolment closing date is Friday 14 September, 2007
If spaces are available, new enrolments received after this date will be charged $10 late administration fee per family.

Late enrolments and additional bookings can only be processed by arrangement with the Program Coordinator, telephone 0408 507101 during school holidays only.
**Enrolment form**

September 2007 – Monash University School Holiday Program (MUSHP)

Family And Child Care,
Health, Wellbeing and Development

**You MUST complete ALL details on this form, even if you have previously used the program**

**Information Privacy:** The information on this form is collected for the primary purpose of providing vacation care for your children. Other purposes for collection are administrative matters and billing purposes, to ensure adequate medical care is given and to contact parent/guardians if required. If you choose not to complete all the questions on this form, it may not be possible for Monash Family and Child Care to provide School Holiday Care for your children. Personal information may also be disclosed to Centrelink and Medical staff. You have a right to access personal information that Monash University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the University Privacy Officer on 9905 6043.

### Child/children's details

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<tr>
<th>1)</th>
<th>Surname</th>
<th>Given name</th>
<th>Male</th>
<th>Female</th>
<th>Date of birth</th>
<th>Age</th>
<th>Client Reference Number*</th>
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<td>2)</td>
<td>Surname</td>
<td>Given name</td>
<td>Male</td>
<td>Female</td>
<td>Date of birth</td>
<td>Age</td>
<td>Client Reference Number*</td>
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<td>Given name</td>
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<td>Female</td>
<td>Date of birth</td>
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<td>4)</td>
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**Client Reference Number:** Will you be claiming childcare benefit in fee reduction for this School Holiday Program? Yes [ ] No [ ]

*If yes, you MUST provide Client Reference Numbers for both parent/guardian(s) and child(ren).*

Is this your family’s first time with the Monash University School Holiday Program? Yes [ ] No [ ]

### Child’s home address

Street number [ ] Street name [ ]
Suburb [ ] Postcode [ ]

### Parent/guardian details

The above child/ren resides with: Both parents (please complete details for both parents) [ ] Mother [ ] Father [ ]

Are there special custody arrangements? Yes [ ] No [ ]

If a court order exists this information must be provided to the Program Coordinator.

Parent’s Customer Reference Number (CRN), if you are claiming Child Care Benefit [ ]

Parent/Guardian surname [ ] Given name [ ]
Ph:(h) [ ] (w) [ ] (m) [ ]

User Status: student [ ] general staff [ ] academic staff [ ] community (working/studying) [ ] community (recreation) [ ]
Faculty/Department [ ] Email [ ]

Parent’s Customer Reference Number (CRN), if you are claiming Child Care Benefit [ ]

Parent/Guardian surname [ ] Given name [ ]
Ph:(h) [ ] (w) [ ] (m) [ ]

User Status: student [ ] general staff [ ] academic staff [ ] community (working/studying) [ ] community (recreation) [ ]
Faculty/Department [ ] Email [ ]
Are you an Aboriginal or Torres Strait Islander family? Yes □ No □

Does your family speak a language other than English at home? Yes □ No □

If yes, what language is spoken at home? 

Would your child/ren benefit from the assistance of an interpreter? Yes □ No □

Emergency contacts (People authorised to collect/sign for your child/ren OTHER THAN parent/guardian)

1. Contact name
   Ph (h) □ (w) □ (m) □

2. Contact name
   Ph (h) □ (w) □ (m) □

Medical details

Does your child have any of the following: (please indicate child/ren’s name/s)

- Food allergy? Yes □ No □ Name/s and details
- Anaphylaxis*? Yes □ No □ Name/s and details
- Asthma*? Yes □ No □ Name/s and details
- Regular Medication#? Yes □ No □ Name/s and details

Other allergy/illness/medical condition we need to know about? Yes □ No □ Details

* Please complete an Asthma/Anaphylaxis Management Form – available in Confirmation of Enrolment Pack or website.
# Medication provided must be in original container, clearly labelled with child’s name, time & dosage required. The medication book must be signed in/out daily by parent/guardian and medication handed to staff.

Medicare or Private Health Insurance Number: (You must provide this)

Are you a member of an Ambulance Service? Yes □ No □ If yes, Subscription Number:

MUSHP offers service to families and children with additional needs. If your child has additional needs and requires additional assistance at school/group situations, please contact the Program Coordinator BEFORE enrolling.

Advertising and feedback

Are you agreeable for your child to appear in photos for the MUSHP newsletter? Yes □ No □

How did you hear about the Monash University School Holiday Program?

What school does your child attend?
Section A – MUSHP Standard program $40.00 per day

The daily rate for MUSHP standard program is $40.00 per day, per child.

For CCB purposes, will your other child/ren be attending other services? Week one: Yes ☐ No ☐ Week two: Yes ☐ No ☐

Please print child(ren)'s name on the chart(s) below and tick days required.

<table>
<thead>
<tr>
<th>Week One</th>
<th>Mon 24 Sept</th>
<th>Tues 25 Sept</th>
<th>Wed 26 Sept</th>
<th>Thurs 27 Sept</th>
<th>Fri 28 Sept</th>
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<tr>
<th>Week Two</th>
<th>Mon 1 Oct</th>
<th>Tues 2 Oct</th>
<th>Wed 3 Oct</th>
<th>Thurs 4 Oct</th>
<th>Fri 5 Oct</th>
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Conditions of participation and disclaimer of liability

In the event of my child becoming ill or sustaining injury during the Program, I understand I will be informed as soon as practicable. The telephone numbers listed on the form are the places, which any member of the program staff, or the staff of any hospital or medical or dental practitioner may contact me. However I am aware that emergency situations may arise and I hereby consent to my child receiving treatment from a legally qualified medical practitioner, registered nurse, or first aid trained staff member without my prior knowledge, if in the opinion of the doctor/nurse/staff member such treatment is necessary for the child. I undertake to be responsible for the cost of any such medical, dental or hospital attention. I acknowledge that in enrolling my child/ren in the program I am doing so at my own risk.

Although the University shall exercise all reasonable care in the conduct and supervision of the program, the University and its staff deny liability for any accident or injury sustained by participants during the program and I hereby absolve Monash University and staff from all liability.

☐ I understand that there will be no refund of fees.

☐ I hereby give permission for my child (Red and Blue group only) to watch PG rated movies included in the video list on display at EMC.

☐ I acknowledge that my child will not attend the program if suffering from an infectious or contagious disease.

Closing date for enrolments is Friday 14th September.

New enrolments lodged after this date will be charged a $10 administration fee.

Places are not guaranteed until confirmation is issued. Places may not be available after the enrolment closing date.

Signed ___________________________ Date __/__/____

Office Use Only

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<tr>
<th>CCB Rate</th>
<th>Amount paid:</th>
<th>Cheque/Money Order:</th>
<th>Receipt no:</th>
<th>Signed:</th>
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