

PRIVACY STATEMENT

Wollondilly Shire Council collects information for the proper care of your child. Under some circumstances Council may have to give this information to other government authorities. You can request to view or change your information. Please contact Council's Privacy Contact Officer for more Information (4677 1100)

PARENT/CARER'S NAME:

CHILD CARE SUBSIDY (CCS)

All families that wish to claim CCS will be required to register through **myGov** by accessing their Centrelink online account or through the **Express Plus Centrelink mobile app**.

Please be aware that if your child/children does not attend their last day of booked care, you will be charged full fees as CCS is not claimable for any last day absences.

For any further information telephone 13 61 50, visit a Centrelink Office or the website www.education.gov.au/childcare.

BOOKINGS

30 places available per day

Bookings are now being accepted. Please return before 19 June 2020.

Email ycr@wollondilly.nsw.gov.au with your booking contract or alternatively call 4677 8202 and leave a message on the voicemail.

Bookings are not secure until the booking contract is returned.

All booked care must be paid for. We do not accept cancellation of your original booking.

It is your responsibility to ensure all enrolment details are updated before your child/children attend this Service.

Vacation Care operates between the hours of 7:00am and 7:00pm on the days indicated on the booking contract. Additional activities including art, craft, sports, drama and just plain fun are offered on a daily basis.

Full Fee without Childcare Subsidy: \$50 per day per child (all activities, including incursions/excursions, are included in this fee).

A booking fee of \$8.50 per family will be charged prior to care to confirm placement.

Please Note – Closed in shoes must be worn when attending Vacation Care.

Please tick the applicable days for each child being booked into this service. If you are booking in more than 4 children, please see the Centre coordinator for a second contract.

CHILD 1

Child's name: _____

	Mon	Tue	Wed	Thurs	Fri
Mon 6/7/20 – Fri 10/7/20					
Mon 13/7/20 – Fri 17/7/20					

CHILD 2

Child's name: _____

	Mon	Tue	Wed	Thurs	Fri
Mon 6/7/20 – Fri 10/7/20					
Mon 13/7/20 – Fri 17/7/20					

CHILD 3

Child's name: _____

	Mon	Tue	Wed	Thurs	Fri
Mon 6/7/20 – Fri 10/7/20					
Mon 13/7/20 – Fri 17/7/20					

CHILD 4

Child's name: _____

	Mon	Tue	Wed	Thurs	Fri
Mon 6/7/20 – Fri 10/7/20					
Mon 13/7/20 – Fri 17/7/20					

PARENT DECLARATION:

I hereby declare that the information contained on this contract is true and correct to the best of my knowledge and I agree to the fee conditions of Wollondilly Year Round Care.

Signature: Date:

Staff Member's Signature: Date: