School Holiday Program (MUSHP)
Family and Child Care Service, University Community Services
www.adm.monash.edu.au/community-services/family

Dates
Week 1 Monday 18 September – Friday 22 September 2006
Week 2 Monday 25 September – Friday 29 September 2006
Closing date for enrolments – Friday 8 September 2006

Cost / payments
MUSHP Standard Program
$38 per child per day (CCB discount, if applicable)
MUSHP Masters Program
$100 per child (2 morning sessions, no CCB)
MUSHP Masters Additional Care
$25 per child per day (CCB discount, if applicable)
Cheque/Money Order ONLY – 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
University Community Services
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 the Holiday Program Calculator
OR telephone 9905 3156 – please have your current percentage details ready

Contact/enquiries
Telephone 9905 3156
Email Dinah.humphries@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 8 September, 2006.
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 2006 – Monash University School Holiday Program (MUSHP)
University Community Services, Family And Child Care Service

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 Service 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

1) Surname ___________________________ Given name ___________________________ Male □ Female □
   Date of birth / / Age □ Client Reference Number* ___________________________

2) Surname ___________________________ Given name ___________________________ Male □ Female □
   Date of birth / / Age □ Client Reference Number* ___________________________

3) Surname ___________________________ Given name ___________________________ Male □ Female □
   Date of birth / / Age □ Client Reference Number* ___________________________

4) Surname ___________________________ Given name ___________________________ Male □ Female □
   Date of birth / / Age □ Client Reference Number* ___________________________

*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 have a non-English speaking background?  Yes ☐  No ☐
If yes, what is the main language spoken at home?  [Blank]
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  [Blank]
   Ph: (h)  [Blank] (w)  [Blank] (m)  [Blank]
2. Contact name  [Blank]
   Ph: (h)  [Blank] (w)  [Blank] (m)  [Blank]

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  [Blank]
Anaphylaxis*?  Yes ☐  No ☐ Name/s and details  [Blank]
Asthma*?  Yes ☐  No ☐ Name/s and details  [Blank]
Regular Medication#? Yes ☐  No ☐ Name/s and details  [Blank]
Other allergy/illness/medical condition we need to know about? Yes ☐  No ☐ Details  [Blank]

* 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) [Blank]
Are you a member of an Ambulance Service? Yes ☐  No ☐ If yes, Subscription Number: [Blank]

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.

Swimming excursion
Are you agreeable to a supervised swimming excursion?  Yes ☐  No ☐

Please complete your child’s swimming group on the following page enrolment form, according to groups listed below:

(based on the Vicswim water education program)

Group 1 (Starfish) – Wading Pool up to .6 metres (free form leisure pool):
   - Have no previous water experience
   - Is not confident in or around water

Group 2 (Marlins) – Wading Pool and up to 1 metre deep area (free form leisure pool):
   - Comfortable in water
   - Able to blow bubbles
   - Can fully submerge and open eyes under the water
   - Can float on their back and front with a flotation aid
   - Can kick on front and back with a board

Group 3 (Dolphins) – 1 metre deep area (25 metre pool):
   - Can swim 15 metres of backstroke & freestyle using efficient technique
   - Comfortable in deep water
   - Can tread water
   - Can easily float without assistance
   - Can submerge and recover an object from water of chest depth

Group 4 (Kingfish) – 1 to 2.1 metre deep areas (25 metre pool):
   - Can swim 25 metres of freestyle using efficient technique
   - Can swim 25 metres of backstroke using efficient technique
   - Can swim 25 metres of lifesaving backstroke using efficient technique
   - Can surface dive, swim underwater and recover an object from water of chest depth

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? [Blank]
What school does your child attend? [Blank]
Section A – MUSHP Standard program $38.00 per day

The daily rate for MUSHP standard program is $38.00 per day, per child.

For CCB purposes, will your other child/ren be attending other services?  

<table>
<thead>
<tr>
<th>Week one:</th>
<th>Yes</th>
<th>No</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Week two:</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Week One</th>
<th>Week Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s name</td>
<td>Mon 25 Sept</td>
</tr>
<tr>
<td>Swimming group</td>
<td>Tues 26 Sept</td>
</tr>
<tr>
<td>Mon 18 Sept</td>
<td>Wed 27 Sept</td>
</tr>
<tr>
<td>Tues 19 Sept</td>
<td>Thurs 28 Sept</td>
</tr>
<tr>
<td>Wed 20 Sept</td>
<td>Fri 29 Sept</td>
</tr>
<tr>
<td>Thurs 21 Sept</td>
<td>Add $5</td>
</tr>
<tr>
<td>Fri 22 Sept</td>
<td></td>
</tr>
</tbody>
</table>

Section B – MUSHP Masters program

$100.00 per child (2 morning sessions)

Please complete if enrolling in Masters Program ONLY

Children MUST be aged 8–12 yrs and enrol in all 3 sessions

Sessions – 9:30 am – 12:30 pm Tues 26 and Wed 27

<table>
<thead>
<tr>
<th>Week 2</th>
<th>Week 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s name</td>
<td>Child’s age</td>
</tr>
<tr>
<td>Mon 25 Sept</td>
<td>Tues 26 and Wed 27 Sept</td>
</tr>
<tr>
<td>Tues 26 Sept</td>
<td>Cost per child</td>
</tr>
<tr>
<td>Wed 27 Sept</td>
<td>$100</td>
</tr>
<tr>
<td>Thurs 28 Sept</td>
<td>$100</td>
</tr>
<tr>
<td>Fri 29 Sept</td>
<td>$100</td>
</tr>
</tbody>
</table>

Section C – MUSHP Masters program+

Additional care – $100 + $25 per day, per child

Does your child require additional care on these days

Tues 26 and Wed 27

$100 + $25 additional cost per day (CCB applies to $25 only)

<table>
<thead>
<tr>
<th>Week 2</th>
<th>Week 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s name</td>
<td>Child’s swimming level</td>
</tr>
<tr>
<td>Mon 25 Sept</td>
<td>Tues 26 Sept</td>
</tr>
<tr>
<td>Tues 26 Sept</td>
<td>Wed 27 Sept</td>
</tr>
<tr>
<td>Wed 27 Sept</td>
<td></td>
</tr>
</tbody>
</table>

Information regarding Masters Program and sign in/out procedures will be sent to families with Confirmation of Enrolment pack.

Any further queries about Masters Program – please contact Dinah Humphries 9905 3156 dinah.humphries@adm.monash.edu.au

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.

I hereby give permission for my child/ren to attend the swimming excursion at the Sports and Recreation venue.

Closing date for enrolments is Friday 8th 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

Received: / / 

CCB Rate: ______ %

Amount paid: Cheque/Money Order: 

Signed: __________

□ MUSHP Regular Program
□ MUSHP Masters Program
□ MUSHP Masters + additional care