

Disability Inclusion Holiday Program 2025 Application

Su	mmer	2025	5 Prog	ram E	nro	lment	– Mo	nday	6 th Ja	nuar	y – F	riday	24 th	Janua	ary	
	Hours of operation: 8.30am – 5:00pm (Minimum 7.5 hours per day, with start time at 8:30 am)															
Please select program: Support Ratio Required: WhiSKHA Child - Ages 5-12 years 1:1 Support Ratio WhiSKHA Teen - Ages 13-18 years 1:2 Support Ratio WhiSKHA Young Adults 18-24 years 1:2 Support Ratio																
Daily Program Fee: \$20 per day (in addition to NDIS unit cost) Select to include program fees in service agreement otherwise it will be invoiced separately.																
Desperantel		Mon 6 th Jan	Tue 7 th Jan	Wed 8 th Jan	Thu 9 th Jan	10^{th}	Mon 13 th Jan	Tue 14 th Jan	Wed 15 th Jan	Thu 16 th Jan	Fri 17 th Jan	Mon 20 th Jan	Tue 21 st Jan	Wed 22 nd Jan	Thu 23 rd Jan	Fri 24 th Jan
Day Requested Pick up time if																
after 4pm PARTICIPANTS FU	LL NAME	:														
Date of Birth																
Enrolment Process 1- Registered with the Inclusion Services at the Y 2- Complete this Application form. Select the applicable program you are enrolling in and requested dates 3- Program Coordinator will send out confirmation of successful days enrolled and a Service Agreement listing all NDIS fees (placement is pending a signed of Service Agreement being returned prior to program commencing). 4- Holiday Program out of pocket fee to be paid 2 weeks prior to programming (if invoiced separately) Are you currently registered with the Y? Yes No																
Who will be collecting the participant from the program? Please include any carers that will be collecting the participant from the program																
I acknowledge that all the information that I have provided on this entire document is true and correct, give permission for the participant to take part in the Holiday Program at the Y and to all booking conditions.														0		
Person completing	g enrolme	ent														
Relationship to participant																
Signature																
Date of completion																
Application forms can be returned to Community Inclusion Holiday Program Coordinator <u>holidayprogram@yinclusion.org.au</u> Y Plenty Valley Westfield, 415 McDonalds Road, Mill Park 3082 If you require clarification or assistance with any questions, please call 1300 69 9622.																
PRIVACY The YMCA ack enrolment and financia by law, may be recipien the YMCA from time to direct mail, email, SMS have your information of alter personal informat	l institution its of this in time to up and telepho contained in	payments formation date you or one. If sent this docu	if applicab By joining n items rela by mail, co ment used	le. The YMC or enrolling ting to your ommunication or disclosed	CA, its au g in a pro r membe ons are l for this	thorised sta ogram at the ership. The N taken to be r purpose the	ff and contra local Centre /MCA uses a received on t e YMCA will	acted serv you have range of r he day that be unable	ice provide also beco nediums to at they woo to process	ers such as me a men o commur uld be rece s your mer	s financial ober of the nicate with eived in th obership	institution e YMCA. Yo n its memb e ordinary or enrolme	is and Gov ou will rec pers includ course of ent. You h	vernment a eive comm ling, but no post. If yo ave the rig	agencies c nunication ot exclusiv u do not w ht to acce	overed s from e to, vish to ss and