



# Brooklyn Community Association Holiday Programme April 2018

Child's Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Child's Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Child's Given Name: \_\_\_\_\_ Surname: \_\_\_\_\_

**PARENTS/CAREGIVERS:**

1. Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email \_\_\_\_\_

2. Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email \_\_\_\_\_

**EMERGENCY CONTACTS:** *Please list details for at least two emergency contacts (other than parents/caregivers).*

1. Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

2. Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**(In the unlikely event of an injury or illness occurring while your child/ren is participating in the Holiday Programme, the staff will make every effort to contact you, then the emergency contact listed above if you cannot be reached).**

**Other people authorised to collect your child/ren:**

\_\_\_\_\_

**People not authorised to collect your child/ren:**

\_\_\_\_\_

**MEDICAL CONDITIONS:** *Please list any medical conditions that your child/ren has (e.g. epilepsy, asthma, allergies etc.).*

\_\_\_\_\_

Medical Practice (G.P.): \_\_\_\_\_ Ph: \_\_\_\_\_

**DIETARY/SPECIAL REQUIREMENTS:** *Please list any specific dietary requirements that your child/ren require.*

\_\_\_\_\_



# Brooklyn Community Association

## Holiday Programme April 2018

Date:	Amount paid:	Receipt#:	Invoice#:	Staff signature:
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*(Above section- for office use only)*

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Please indicate (✓) which day/s your child/ren are attending and circle the daily costs which apply to you:**

✓	Day/Date	Theme	Daily Cost			No. of Children Attending	Daily Total
			3.00	5:00	6.00		
<input type="radio"/>	Monday 16th	Games Day	\$ 25	30	33		\$
<input type="radio"/>	Tuesday 17th	Slime	\$ 25	30	33		\$
<input type="radio"/>	Wednesday 18th	Kilbirnie Rec.	\$ 33	39	44		\$
<input type="radio"/>	Thursday 19th	Arts & Crafts	\$ 25	30	33		\$
<input type="radio"/>	Friday 20th	Flicks	\$ 33	39	44		\$
<input type="radio"/>	Monday 23rd	ANZAC Biscuits	\$ 25	30	33		\$
<input type="radio"/>	Tuesday 24th	The Great War Exhibition	\$ 33	39	44		\$
<input type="radio"/>	Wednesday 25th	<b>Closed</b>					\$
<input type="radio"/>	Thursday 26th	Laser Force	\$ 33	39	44		\$
<input type="radio"/>	Friday 27th	Party Day	\$ 25	30	33		\$

**Please Note:**

*If only one sibling out of two is attending on any given day please write their name next to the activity.*

A 10% discount will be given to families enrolled in After School Care or with two or more children enrolled on the same day

Sub total	
Less discount (If applicable)	
<b>Total due</b>	

Payment/s will be made by:  
 Internet    Cheque    Cash    WINZ Subsidy    Other arrangement.

**Amount Paid:** \$..... **on:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Received by:** \_\_\_\_\_

**Amount due:** \$..... **Paid on:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Received by:** \_\_\_\_\_

In the unlikely event of an injury or illness occurring while your child/ren are participating in our Holiday Programme, the staff of the Holiday Programme will make every effort to contact the you as soon as possible. If we cannot reach you, your emergency contact will be contacted. By signing this form you authorise the staff of the Holiday Programme to administer such first aid as they consider necessary and to seek medical advice if they judge necessary (Medical expenses to be reimbursed or paid by parents). **A medical form must be filled in each day if your child/ren requires the administration of any medication.** Medication must be under the child/ren's name, with the appropriate prescription on it (name of Doctor, how much to give...etc).

I give my consent for my child's photo to be taken and uploaded to our **Gallery on our website** in relation with the Brooklyn Holiday Programme: Yes / No (*Circle the one applicable*).

I hereby acknowledge that I have read, understood and agreed to the terms and conditions of my child/ren attending the Brooklyn Community Association Holiday Programme

**Receipt to be made to: Surname** \_\_\_\_\_ **Given name** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_