

Brooklyn Community Association

Holiday Programme December & January

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 After School Care 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 December 2017

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
			<u>3.00</u>	<u>5:00</u>	<u>6.00</u>		
<input type="radio"/>	Wednesday 20th	Chill	\$ 25	30	33		\$
<input type="radio"/>	Thursday 21st	Paddington 2	\$ 33	39	44		\$
<input type="radio"/>	Friday 22nd	Xmas Party	\$ 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)	
Total due	

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: ____/____/____

Brooklyn Community Association

Holiday Programme Week 1 & 2 January 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
			<u>3.00</u>	<u>5:00</u>	<u>6.00</u>		
<input type="radio"/>	Monday 08th	PJs & Pop Corn	\$ 25	30	33		\$
<input type="radio"/>	Tuesday 09th	Nerf Wars	\$ 25	30	33		\$
<input type="radio"/>	Wednesday 10th	ASB Sports	\$ 33	39	44		\$
<input type="radio"/>	Thursday 11th	Slime	\$ 25	30	33		\$
<input type="radio"/>	Friday 12th	Laser Force	\$ 33	39	44		\$
<input type="radio"/>	Monday 15th	Games Day	\$ 25	30	33		\$
<input type="radio"/>	Tuesday 16th	Build your own Pizza	\$ 25	30	33		\$
<input type="radio"/>	Wednesday 17th	Clay & Crafts	\$ 25	30	33		\$
<input type="radio"/>	Thursday 18th	Trout Fishing/Mini Golf	\$ 33	39	44		\$
<input type="radio"/>	Friday 19th	Trout Fishing/Mini Golf	\$ 33	39	44		\$

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)	
Total due	

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).

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Receipt to be made to: Surname _____ **Given name** _____

Signed: _____ **Date:** ____/____/____

Brooklyn Community Association

Holiday Programme Week 3 & 4 January 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
			<u>3.00</u>	<u>5:00</u>	<u>6.00</u>		
<input type="radio"/>	Monday 22rd	Closed	\$				\$
<input type="radio"/>	Tuesday 23rd	Water Wars	\$ 25	30	33		\$
<input type="radio"/>	Wednesday 24th	Kilbirnie Rec	\$ 33	39	44		\$
<input type="radio"/>	Thursday 25th	Construction Day	\$ 25	30	33		\$
<input type="radio"/>	Friday 26th	Badminton & Box Sliding	\$ 33	39	44		\$
<input type="radio"/>	Monday 29th	Flicks	\$ 33	39	44		\$
<input type="radio"/>	Tuesday 30th	Laser Force	\$ 33	39	44		\$
<input type="radio"/>	Wednesday 31st	P is for Party	\$ 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)	
Total due	

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).

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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:** ____/____/____