



Brooklyn Community Association Holiday Programme April 2020

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 2020

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 13th	Closed					
<input type="radio"/>	Tuesday 14th	Flicks Mulan	\$ 33	39	44		\$
<input type="radio"/>	Wednesday 15th	Arts & Crafts	\$ 25	30	33		\$
<input type="radio"/>	Thursday 16th	Construction Day	\$ 25	30	33		\$
<input type="radio"/>	Friday 17th	Tale of a Dog	\$ 33	39	44		\$
<input type="radio"/>	Monday 20th	Games Day	\$ 25	30	33		\$
<input type="radio"/>	Tuesday 21st	Flicks Onward	\$ 33	39	44		\$
<input type="radio"/>	Wednesday 22nd	Kilbirnie Rec.	\$ 33	39	44		\$
<input type="radio"/>	Thursday 23rd	Laser Force	\$ 33	39	44		\$
<input type="radio"/>	Friday 24th	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)	
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:** ____/____/____