



Brooklyn Community Association Holiday Programme

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: _____

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
Centre

Brooklyn Community Association Holiday Programme October 2022

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. Attending	Daily Total
			<u>3pm</u>		
<input type="radio"/>	Monday 03rd	Games Day	\$ 27	\$ 36	\$
<input type="radio"/>	Tuesday 04 th	Laser Force	\$ 36	\$ 48	\$
<input type="radio"/>	Wednesday 05 th	Clay and Crafts	\$ 27	\$ 36	\$
<input type="radio"/>	Thursday 06 th	Flicks	\$ 36	\$ 48	\$
<input type="radio"/>	Friday 07 th	Slime	\$ 27	\$ 36	\$
<input type="radio"/>	Monday 10th	Treasure Hunt	\$ 27	\$ 36	\$
<input type="radio"/>	Tuesday 11 th	Flicks	\$ 36	\$ 48	\$
<input type="radio"/>	Wednesday 12 th	Pizzas galore	\$ 27	\$ 36	\$
<input type="radio"/>	Thursday 13 th	Laser Force	\$ 36	\$ 48	\$
<input type="radio"/>	Friday 14 th	Party Day	\$ 27	\$ 36	\$

I give my permission for my child to travel by Bus Please ✓

Total due	\$
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Payment will be made by: Internet WINZ Subsidy Other arrangement.

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. Medical expenses are to be reimbursed to BCA or paid directly by parents/caregivers. **A medical form must be filled in each day if your child/ren require the administration of any medication.** Medication must be under the child/ren's name, with the appropriate prescription on it (i.e. name of GP, dosage etc).

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

Declaration:

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:** ____/____/____