

Brooklyn Community Association Holiday Programme 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 Week 1 & 2 January 2021

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>6.00</u>	
<input type="radio"/>	Monday 11th	Slime	\$ 25	33	\$
<input type="radio"/>	Tuesday 12th	Laser Force	\$ 33	44	\$
<input type="radio"/>	Wednesday 13th	Baking	\$ 25	33	\$
<input type="radio"/>	Thursday 14th	Trout Fishing or Mini Golf	\$ 33	44	\$
<input type="radio"/>	Friday 15th	Trout Fishing or Mini Golf	\$ 33	44	\$
<input type="radio"/>	Monday 18th	Games Day	\$ 25	33	\$
<input type="radio"/>	Tuesday 19th	Lego/Sylvanians	\$ 25	33	\$
<input type="radio"/>	Wednesday 20th	Kilbirnie Rec	\$ 33	44	\$
<input type="radio"/>	Thursday 21st	Arts and Crafts	\$ 25	33	\$
<input type="radio"/>	Friday 22nd	Flicks	\$ 33	44	\$

Please Note:

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

Sub total	
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 3 & 4 January 2021

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>6.00</u>	
<input type="radio"/>	Monday 25th	Closed	\$		\$
<input type="radio"/>	Tuesday 26th	PJs & Pop Corn	\$ 25	33	\$
<input type="radio"/>	Wednesday 27th	Laser Force	\$ 33	44	\$
<input type="radio"/>	Thursday 28th	Construction Day	\$ 25	33	\$
<input type="radio"/>	Friday 29th	Badminton & Box Sliding	\$ 33	44	\$
<input type="radio"/>	Monday 01st	Water Wars	\$ 25	33	\$
<input type="radio"/>	Tuesday 02nd	Flicks	\$ 33	44	\$
<input type="radio"/>	Wednesday 03rd	Party Day	\$ 25	33	\$
<input type="radio"/>	Thursday 04th		\$		\$
<input type="radio"/>	Friday 05th		\$		\$

Please Note:

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

Sub total	
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:** ____/____/____