

Point Chevalier Community Centre Inc.
SCHOOL HOLIDAY PROGRAMME ENROLMENT FORM

Child/ren's Names.....

Address

Date of Birth & Age

Parent/s/Guardian Names

Phone: (Hm) Mob: (Wk):.....

Phone: (Hm) Mob: (Wk):.....

Email:

People authorised to collect your child (other than yourself):

1. Phone:

2. Phone:

Are there any circumstances which we should be aware of in relation to your child, e.g. anybody you do not wish to collect your child from the School Holiday Programme:

Please provide two people (other than yourselves) to call in case of an emergency:

Name: Phone:

Name: Phone:

Please list any allergies, dietary restrictions, disabilities/impairments etc:

Family Doctor: Phone:

State **dates and time** your child/ren will be attending **including any before and/or after care**:

Parent/Guardian: I confirm I have read the 'Conditions/Information for Parents/Guardians' on the last page of the latest School Holiday Programme and agree to those conditions.

Photos/Video Permission:

I give/do not give permission for photos/videos to be taken of my child/ren for archival purposes.

I give/do not give permission for photos/videos to be used on Pt Chevalier Community Centre's School Holiday Programme promotional material which includes the Pt Chevalier Community Centre's website.

Copies of photos may be ordered by parents/guardians on request (some costs may be involved). Our Photograph/Video Policy is on file for viewing on request.

Signature of Parent/Guardian: Date:

All information given to us is confidential. *If you have any complaints, in the first instance please approach the Programme Supervisor (or Programme Co-ordinator if preferred). A complaints procedure policy is on file if you wish to view it. We welcome feedback – if you have any compliments or suggestions to make improvements please let us know.*

Office Use:

Amount/s Paid:

Paid in Full

Date/s:

Receipt #:

WINZ Yes/No

Grant Approved /Declined

(January 2009)