



Healthways Recreation Centre

SCHOOL HOLIDAY PROGRAM

- ENROLMENT FORM

Child #1:

First Name _____ Surname _____ Age _____

Can a band-aid be administered if required? Yes / No Does this child have any medical conditions? Yes / No

Details of medical condition/s (if applicable) _____

Child #2:

First Name _____ Surname _____ Age _____

Can a band-aid be administered if required? Yes / No Does this child have any medical conditions? Yes / No

Details of medical condition/s (if applicable) _____

Child #3:

First Name _____ Surname _____ Age _____

Can a band-aid be administered if required? Yes / No Does this child have any medical conditions? Yes / No

Details of medical condition/s (if applicable) _____

Enrolment Details:

Please tick the days that you wish to enrol all the above children in. If children are attending on different days, please fill out a form for each child.

	FULL DAY (Anytime between 7.45am-6.00pm) \$49.00	REGULAR DAY (Anytime between 9.00am-4.30pm) \$44.00	HALF DAY (AM) (Anytime between 9.00am-12.30pm) \$33.00	HALF DAY (PM) (Anytime between 1.00pm-4.30pm) \$33.00
Monday 11/04/11				
Tuesday 12/04/11				
Wednesday 13/04/11				
Thursday 14/04/11				
Friday 15/04/11				
Monday 18/04/11				
Tuesday 19/04/11				
Wednesday 20/04/11				
Thursday 21/04/11				
Friday 22/04/11	PUBLIC HOLIDAY	PUBLIC HOLIDAY	PUBLIC HOLIDAY	PUBLIC HOLIDAY

Parent/Guardian #1's Details:

First Name _____ Surname _____

Address _____

Preferred Phone Number _____ Secondary Phone Number _____

Parent/Guardian #2's Details:

First Name _____ Surname _____

Address _____

Preferred Phone Number _____ Secondary Phone Number _____

EMERGENCY CONTACT (to be contacted in the case of emergency **if mother or father cannot be contacted**)

Full Name: _____

Address: _____

Postcode _____

Phone (H) _____ (W) _____

Mobile _____

Relationship to child: _____

CHILDCARE RECEIPT DETAILS (Receipts are posted out after the **completion** of the holiday program period.)**Who should the receipt be made out to?**

Full Name: _____

Address: _____

Postcode _____

RESTRICTED ACCESS DETAILS

Is there a Court order/ Family law order/ Restraining order pertaining to this child/ren? Yes / No

If yes, please provide details: _____
_____**DECLARATION**

1. I/We give consent for my child/ren to participate in the program for which he/she has enrolled.
2. I/We authorise for my child/ren to participate in the off site activities that run within the School Holiday Program.
3. I/We authorise the person in charge in the event of illness or accident to make arrangements for any necessary medical, ambulance and/or hospital treatment that my child/ren may require.
4. I/We agree to pay all necessary fees incurred on behalf of my child/ren in the case of an emergency and I/we agree for them to be transported by private car if necessary.
5. I/We understand that we must walk our child into Healthways and sign the appropriate forms and that we do the same when picking them up.
6. I/We understand that a \$1.00/minute fee will apply if I am late to pick up my child/ren for either the full day, regular day or half day enrolment. I understand that this fee is payable on the night of the infringement.

Signed _____

Date _____

Name _____