

**WALKERVILLE PRIMARY SCHOOL
VACATION CARE REGISTRATION FORM**

(If not new to service please only fill out highlighted sections)

FAMILY NAME: _____

Account Holder Name: _____ **DOB:** / / **CRN:** _____
(This must be the person registered with Centrelink to claim the benefits)

I have read all the consents and permissions below and also understand the Booking & Billing Policies:

Name of Guardian: _____ **SIGNED:** _____ **DATE:** / /

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| <p>Child's Name: _____</p> <p>CRN: _____ DOB: / /</p> <p>Child's Name: _____</p> <p>CRN: _____ DOB: / /</p> <p>Child's Name: _____</p> <p>Email Address: _____</p> | <p>Parent/Guardian: Name: _____</p> <p>Relationship to child: _____</p> <p>Phone (mob) _____</p> <p>Phone (other) _____</p> <p>Emergency contact _____</p> <p>Contact number: _____</p> <p>Relationship to child _____</p> <p>Permission to collect child: YES/NO</p> <p>Indicate which parent has custody (if applicable) (Attach any updated custody orders please) _____</p> |
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COLLECTION OF CHILDREN:

I accept that it is my responsibility to collect my child/ren from the vacation care program each day by 6:00pm. I understand that a late fee of \$15 per fifteen minutes or there part of will be levied if I collect them after 6:00pm. I also will advise the centre if someone different is collecting them and will provide adequate details to the centre staff. They will be required to show identification if they have not previously collected them.

I UNDERSTAND THAT IT IS A REQUIREMENT THAT MY CHILD/REN HAVE A HAT, LUNCH & DRINK BOTTLE EVERYDAY UNLESS STATED ON THE PROGRAM & I WILL BE CHARGED ACCORDINGLY IF THIS IS NOT MET.

PARTICIPATION/CONSENTS

As the parent/guardian of _____

I give my consent for them to participate in all activities stated on the program unless I have identified in writing these activities, which my child/ren are not to do, perform or participate in. I understand my child/ren may participate in local walking excursions in the community area of Walkerville, which may not be on the program (For example collecting the mail from the Post Office).

I give consent for my child/ren to watch G & PG movies that staffs deem to be appropriate.

PERMISSION TO TRAVEL TO THE FOLLOWING LOCATIONS BY SEAT BELTED PRIVATE COACH & PARTICIPATE IN THE ACTIVITIES PROVIDED.

Roller Skating at Blackwood Rec Centre, walking to Billabong Oval, St Kilda playground, Challenge Hill at Woodhouse, Monarto Zoo

PERMISSION IN AN EMERGENCY SITUATION:

In the event of any illness or accident, I authorise the obtaining on my behalf of such medical assistance my child/ren may require and agree to pay all medical expenses thus incurred.

MEDICAL INFORMATION:

Name of Doctor: _____ Medicare No: _____ Ambulance Cover: **YES** **NO**

Does your child/ren have any medical condition or health problems that may affect him or her whilst at the centre?

YES **NO** If yes please state details: _____

(Please attach any medical plans and make sure the centre has updated medication prior to attending, this is your responsibility)

SWIMMING ABILITY: I would describe my child/rens swimming ability as _____

They will need assistance in the Pool **YES** **NO**