

kids rock holiday program

Ages 5 (Kids must be in Prep 2012) to 12 years old

OPERATION TIMES

10am to 4pm Mon to Frid

FEES

Full Day \$10 per child per day
 \$15 per family per day (up to 3 children)

Because our fees are extremely low CCB is not available with this program.

All fees must be paid with the application form.

MEDICATION

A Medical Authorisation form must be completed for children who require medication. Medication must be clearly labelled with child's name and dosage required. Under our duty of care a child who arrives without or out of date medication will not be accepted into the program. Please hand all medication to the Coordinator on arrival.

CLOTHES

Children are required to have a suitable sun hat for outdoor play. At all times children are required to wear appropriate footwear for sports and activities. (no thongs etc.)

FOOD

Afternoon tea is supplied in line with the healthy eating guidelines. Children are to bring their own lunch and drink bottle. Please advise Coordinator of any dietary requirements.

WE ASK THAT NUT AND NUT PRODUCTS ARE NOT INCLUDED IN CHILDREN'S LUNCH BOXES DURING THE PROGRAM

BEHAVIOUR

It is very helpful if you discuss appropriate behaviour with your child before they attend the program. Any behaviour that is seen as unacceptable will be recorded and parents will be informed at pick up time. We do reserve the right to remove a child from the program if behaviour is deemed to be putting other children or workers at risk. In this case parents would be contacted by phone to come and collect their child immediately. We prefer that no toys or games be brought to the program and we take no responsibility for damage or loss of these items.

LEAVING AND COLLECTING CHILDREN

Children must be signed in on arrival and signed out before leaving the program by a parent. Children will only be allowed to leave the program with adults listed on their enrolment form. If you want someone not listed to collect your child you must notify the Coordinator. If a child is still at the program after closing time every effort will be made to contact parents or emergency carers listed on the enrolment form.

ENROLMENT PROCEDURE

As places are limited, no booking will be accepted without payment & a completed enrolment form. A waiting list will be kept in case of cancellations.

Forms & fees can be handed in at the Northside Office, McLeans Rd Bundoora or posted to Northside Holiday Program, PO Box 1070 Bundoora 3083.

For more information contact Irene 0402337668.

www.northsideecc.org.au/holidayprogram.php

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Step 1 Child's Details (MUST BE IN PREP 2012)

First Name _____ Surname _____

Date of Birth _____ Gender: M F Grade: Prep 1 2 3 4 5 6

First Name _____ Surname _____

Date of Birth _____ Gender: M F Grade: Prep 1 2 3 4 5 6

First Name _____ Surname _____

Date of Birth _____ Gender: M F Grade: Prep 1 2 3 4 5 6

Step 2 Family Contact Details

Address _____ Suburb _____ P'code _____

Phone _____ Mobile _____

Step 3 Medical Information

Does your child have any allergies? N Y If yes please list _____

Please list all health concerns relating to a child and/or medication requiring supervision: pto

Indemnity

Medical Treatment Consent: I give permission for Northside Christian Church staff and volunteers to obtain emergency medical, hospital or ambulance assistance at any time they consider necessary. I understand that every effort will be made for myself to be notified before instituting such procedures. I acknowledge that I will be liable for any medical/hospital/ ambulance expenses incurred in the treatment for my child. I also understand that every reasonable precaution will be taken to ensure the protection of my child, I hereby release and hold blameless Northside Christian Church staff and volunteers from any and all liability in the event of any injury, accident or misfortune, damage or loss that may occur to the child and their property while present at the Holiday Program. **Refunds:** No refunds will be paid. **Privacy Declaration:** I understand and accept that Northside Christian Church may collect information about me for the purpose of providing and offering promotional material. I consent to my personal details being used for the promotion of future events. Holiday Program activities will be captured in photographs, video and audio. Northside Christian Church reserves the right to use this material for promotional purposes.

***** Parents Signature - _____

Step 4 Emergency Contact Details

First Name _____ Surname _____

Relationship _____ Emergency Phone No. Daytime _____

Step 5 Payment (cash or cheque) No. Of Children Total Payable

\$10 per child per day OR \$15 per family per day (up to 3 children)

| | | |
|------------------------------------|-------|-------|
| <input type="checkbox"/> MONDAY | _____ | _____ |
| <input type="checkbox"/> TUESDAY | _____ | _____ |
| <input type="checkbox"/> WEDNESDAY | _____ | _____ |
| <input type="checkbox"/> THURSDAY | _____ | _____ |
| <input type="checkbox"/> FRIDAY | _____ | _____ |

TOTAL _____