

Inglewood Vacation Care

7:00am-6:00pm

PLEASE NOTE: Bookings for your child/children cannot be confirmed until 2020-2021 enrolment form, vacation care booking form and full payment have been received using one of the nominated payment options. Please ensure all areas have been completed and signed before submitting. For **multiple centres**, please complete **SEPARATE** enrolment forms for each centre.

Booking forms and enquiries to Children's Services: 9205 8569. Fax: 9345 9985 Email: children@stirling.wa.gov.au
Visit or post: City of Stirling Children's Services, 25 Cedric Street, Stirling WA 6021

TERMS AND CONDITIONS: It is the responsibility of parents/guardians to be familiar with the contents of the Information for Families/Family Handbook. A hardcopy is available from the centre or at www.stirling.wa.gov.au

Child's first name	Child's surname	Child's age	School year	Swimming level

Additional Requirements – Do any of the children listed above have any additional health requirements such as asthma, diabetes, autism, ADHD, epilepsy, allergies (anaphylaxis) or special dietary requirements? **YES** **NO**

If yes, please list below:

Child's first name	Child's surname	Additional Health Requirements	Emergency action plan completed	Minimisation form completed

Any change of details? eg phone number, address etc?	Any change to emergency contacts?

Administration of medication

- I/we understand that for all medications I must complete and sign an Authority to Administer Medication Form on the days that the medication is to be administered.
- I/we have read and agreed to follow the centre policy on **Administration of Medication**.

Signature of parent/guardian 1 _____ Date _____

Name of parent/guardian 1 _____ *(Please print)*

Signature of parent/guardian 2 _____ Date _____

Name of parent/guardian 2 _____ *(Please print)*

Medical or hospital attention and emergency transport

- In the event of accident or illness (when centre is unable to contact parents/guardians or authorised persons), I/we consent to medical or hospital attention being sought for the child/children.
- In the case of emergency I/we agree for my child/children to be transported by private car/ambulance. I/we agree to pay expenses incurred for medical treatment and transport.

Signature of parent/guardian 1 _____ Date _____

Name of parent/guardian 1 _____ *(Please print)*

Signature of parent/guardian 2 _____ Date _____

Name of parent/guardian 2 _____ *(Please print)*

Payment of fees

- I/we have read and understand the **Payment of Fees (7)** as outlined in Information for Families/Family Handbook.

Signature of parent/guardian 1 _____ Date _____

Name of parent/guardian 1 _____ *(Please print)*

Signature of parent/guardian 2 _____ Date _____

Name of parent/guardian 2 _____ *(Please print)*

Authorisation to participate in all activities:

- I am willing for my child/children to participate in all activities offered in the vacation care program. I agree it is my responsibility to familiarise myself with the program and advise the centre in writing if I do not wish my child/children to participate in a particular activity.

Signature of parent/guardian 1 _____ Date _____

Name of parent/guardian 1 _____ *(Please print)*

Signature of parent/guardian 2 _____ Date _____

Name of parent/guardian 2 _____ *(Please print)*

Photographs

- I agree to photos being taken of my child/children and understand that they may be used for the purpose of marketing materials, promotion of the program or as part of a program activity.

Signature of parent/guardian 1 _____ Date _____

Name of parent/guardian 1 _____ *(Please print)*

Signature of parent/guardian 2 _____ Date _____

Name of parent/guardian 2 _____ *(Please print)*

EXCURSION AUTHORISATION (MUST BE SIGNED OR CHILDREN CANNOT GO ON EXCURSIONS)

I give permission for my child / children to attend all incursions and excursions in Vacation Care from July 1st 2019 to June 30th 2020. I allow my child / children to be transported by private bus charter, public transport or walking between the excursion venue and the vacation care centre. I also give permission for the excursion venue to be changed on chance of inclement weather.

Name _____ Sign _____ Date ____ / ____ / ____