

VacFun

ENROLMENT FORM

July 07

Name: _____	D.O.B.: _____
Name: _____	D.O.B.: _____
Name: _____	D.O.B.: _____
Name of Parent/Caregiver: _____	
Address: _____	Suburb _____ P/C _____
Phone : _____ (Hm) _____ (Wk) _____ (Mb)	
Alternate/Emergency Contact: - Name: _____ Phone: _____	
Any health problem we need to be aware of (e.g.) bee sting allergy, food allergy, asthma, medications: _____	
Childcare Receipt Required	Yes / No Date Issued.....

Date and Times enrolled for:

DATE	TIME IN	TIME OUT	PAID	DATE	TIME IN	TIME OUT	PAID
Mon 9th July				Mon 16th July			
Tue 10th July				Tue 17th July			
Wed 11th July				Wed 18th July			
Thur 12th July				Thur 19th July			
Fri 13th July				Fri 20th July			

Waiver & Declaration

I, the undersigned approve of the enrolment and agree to abide by the rules and conditions of the VacFun program and meet any costs. I authorise you in the event of any unforeseen accident or illness to obtain such medical assistance as is required and agree to meet expenses attached hereto.

I also accept full responsibility for my child's belongings whilst attending the program. I fully understand that if my child / children continuously misbehave I will be notified and my child / children may be removed from the program.

I, the undersigned agree that neither the Blackwood Community Recreation Association Inc. nor its employees and agents will be liable for any losses, damages and or injury incurred and / or sustained by the above child / children in attending the school holiday program.

I, the undersigned acknowledge the holiday program may use the oval alongside the recreation centre and the Blackwood Primary playground area. I allow my child / children to venture to the oval and playground under supervision within the guidelines of the holiday program. I will supply sunscreen, hat and adequate protection from the elements as is required.

Signature: _____

Date: ____/____/____

PHOTOGRAPHS

I agree/do not agree to photographs of my child/children being taken and used for promotional/marketing purposes in print form and/or on the website.

Signature: _____

Date: ____/____/____

OFFICE USE ONLY

ENTERED ON ROLL:-

Date..... Staff.....

ENTERED ON DATABASE:-

Date..... Staff.....

PAID:-

Date..... Staff.....

Date..... Staff.....

Date..... Staff.....

CASH REGISTER VALIDATION