



ENROLMENT FORM

September/October 2019

Name: _____ D.O.B.: _____ M/F

Name: _____ D.O.B.: _____ M/F

Name: _____ D.O.B.: _____ M/F

Name of Parent/Caregiver: _____

Address: _____ Suburb _____ P/C _____

Email: _____

Contact Phone:- _____

Alternate/Emergency Contact: - Name: _____ Phone: _____

Does your child have any Medical conditions/special needs? Yes / No
*If yes please complete a **Medical Form** available from reception.*

Do you agree to your child/ren's photo being taken and used for promotional/marketing purposes in print form and/or on the website and social media sites? Yes / No

Date and Times enrolled for:

DATE	TIME	Date Paid	DATE	TIME	Date Paid
Monday 30 th September			Monday 7 th October		
Tuesday 1 th October			Tuesday 8 th October		
Wednesday 2 th October			Wednesday 9 th October		
Thursday 3 th October			Thursday 10 th October		
Friday 4 th October			Friday 11 th October		

Waiver & Declaration

I, the undersigned approve of the enrolment and agree to abide by the rules and conditions of the V_acF_un 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: ____ / ____ / ____

OFFICE USE ONLY

PAID:-

Date Staff

Date Staff

Date Staff

ENTERED ON ROLL:-

Date: Staff:

ENTERED ON DATABASE:-

Date: Staff:

CASH REGISTER VALIDATION