



ENROLMENT FORM

December 2019/January 2020

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	PD	DATE	TIME	PD	DATE	TIME	PD	DATE	TIME	PD
Mon Dec 16			Mon Jan 6			Mon Jan 13			Mon Jan 20		
Tues Dec 17			Tues Jan 7			Tues Jan 14			Tues Jan 21		
Wed Dec 18			Wed Jan 8			Wed Jan 15			Wed Jan 22		
Thur Dec 19			Thur Jan 9			Thur Jan 16			Thur Jan 23		
Fri Dec 20			Fri Jan 10			Fri Jan 17			Fri Jan 24		

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: ____/____/____

OFFICE USE ONLY

PAID:-

Date Staff

Date Staff

Date Staff

ENTERED ON ROLL:-

Date: Staff:

ENTERED ON DATABASE:-

Date: Staff:

CASH REGISTER VALIDATION