**
Holiday Programme Booking Form – July 2013**

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| **Mon 15th** | 🞎 | **Tue 16th** | 🞎 | **Wed 17th**  | 🞎 | **Thurs 18th** | 🞎 | **Fri 19th** | 🞎 |

**Child’s information:** *(one form per child)*

Name: Date of Birth: Age:

School: School Year:

**Parent/Guardian contact details:**

Name:

Home Ph: Work Ph: Cell Ph:

Address: email:

Suburb:

City: Post Code:

**Child contact details:** *(if different from above)*

Address: Home Ph:

Suburb:

City: Post Code:

**Other people who will be picking your child up:**

Name:

Name:

Name:

**I give permission for my Child/Youth to sign themselves In/Out**

 Parent/Guardian

**Emergency contact details:** *(someone other than the person who filled in the Parent/Guardian section)*

Name: Phone:

Name: Phone:

**Medical Conditions/Special needs:**

Please state any medical conditions or special needs your child has that may affect them while on program (i.e. asthma, allergies, medication).

Is your child on any Medication:

**Any medication should be handed in at the start of the programme.**

Any other information staff should be aware of:

**P.T.O.**

**Programme Policy and Parents Permission**

*Please read the information below and sign – Thank you*

1. I acknowledge and bear the responsibility and risk to my child participating in the activities. I have explained to my child the need to follow safety instructions, remain in areas designated by staff, and refrain from behaviour that could cause injury; I acknowledge that any wilful damage to equipment or property that has been caused by my child will incur an additional charge.
2. I acknowledge that staff will do their utmost best to ensure safety at all times, yet recognise that accidents and injuries can still happen. I give permission for the qualified first aid staff to give any necessary medical treatment in the event of an injury. Any further Medical attention will be at my own expense.
3. I give permission to take my child on offsite excursions.
4. In the event of withdrawing my child out of the programme I will be entitled to a refund of what I have paid less 15% administrative/booking fee. 24hrs notice must be given in any event of withdrawing your child in order for refund policy to apply.
5. If my child is unable to make the programme on the day, I am responsible for ringing Youth Alive Trust and notifying absence.
6. Our programmes run at the times advertised. Staff are not responsible for your child any time outside 10 minutes before or 15 minutes after the programme. In the case that your child was still in our care 15 minutes after and we had not had any phone call explaining reason, emergency contacts would be contacted, and you may be liable to pay for extra care.
7. Lost property will be displayed on the programme table, any lost property that has not been claimed 3 weeks after programme has finished will be placed in local clothing bins.
8. Youth Alive Trust programmes takes no responsibility for loss or damage to any child's personal possessions and equipment (MP3 players, cell phones, etc) we recommend that these items are left at home safe and sound.
9. I acknowledge that all information supplied in this application form will be kept on file, in accordance with Privacy Act 1993. Information on your child may be requested to be looked at any time. This information may also be viewed by a CYFS assessor.
10. I understand that on any off-site excursion my child/children will be travelling either by Van, Car or Bus to get to the location. In signing this I am giving permission for my child to be transported in accordance to Youth Alive Trust ‘Policies and Procedures’.
11. I realise that I am required to sign my child/children in and out of the programme and notify staff if someone else is to pick my child up.
12. At any time parents/caregivers are able to view the Youth Alive Trust Programme Policies and Procedures.
13. It is the parent's responsibility to inform the Supervisor of any changes that are may occur whilst the programme is being staged i.e. contact details.
14. Photos and Videos taken at Youth Alive Trust Programmes may be used for Youth Alive Trust publicity purposes. If you do not want your child’s photo displayed on any publicity, please put this in writing to the Youth Alive Trust Programmes Manager.
15. In the event of an Earthquake or Fire we will gather at the ANZ car park on Beresford Street if our building is damaged.

All the above information will be treated with confidentiality (in accordance to Privacy Act 1993), Access to the supplied contents will be available to Staff of Youth Alive Trust, as deemed necessary, to ensure your child/children have a safe and positive experience whilst under our care.

I acknowledge all information supplied on this form is correct and truthful. I have read and understand programme policy and parents permission information.

Signed: Date:

 Parent/Guardian

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**OFFICE USE ONLY**

Payment Made: $ Payment Type: CASH or CHEQUE Receipt Number:

**🞎** WINZ Subsidised

These details are all up to date and cleared by:

Signed: Date: