

16th-20th January 2017

9am-1pm

$10 per child per day

**CHILDREN’S DETAILS NAME: AGE**

Child 1:

Child 2:

Child 3:

Please tick the day(s) your children is registered for:

Monday Tuesday Wednesday Thursday Friday

**PARENT/CAREGIVER DETAILS**

Name:

Address:

Email:

Phone: home: work: Mobile:

**EMERGENCY CONTACT DETAILS**

Name:

Relationship to child:

Phone:

**Additional Information:**

Does your child have any health needs we should know about?

e.g. allergies, food requirements, asthma or other medical conditions

*Please read the conditions and sign over the page.*

**PARENT CONTRACT**

Please sign this contract to complete the enrolment.

If you have any questions about the programme or wish to see a copy of the programme policies before signing, please do not hesitate to ask a member of staff.

I/We agree and acknowledge:

* I have read and understand the enrolment information
* The supervisor has my permission to arrange any necessary urgent medical treatment at my cost
* I will notify the supervisor of any changes to enrolment information in a timely fashion
* I agree to pay the fees as stipulated.

Name of parent:

Signature:

Date:

**Do you give permission for publication of photos of our children in promotional display material or church newsletter?**

**YES NO**  (Please circle one)