

# Queen vs Queen



April 16 - April 20

Please indicate the days and sessions that your child will be attending:

	Mon	Tue	Wed	Thu	Fri
<b>8am - 12pm</b> \$20 per morning					
<b>8am - 5pm</b> \$40 per day					

No refund available after 12 April 2018

**One registration form per child please**

## Child's Details

Child's First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male / Female

School: \_\_\_\_\_ Year at School: \_\_\_\_\_

Allergies / Medical Conditions / Special Needs: \_\_\_\_\_

Name of a friend your child might like to be with: \_\_\_\_\_

## Parent / Caregiver's Details

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb, Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

## Alternative Emergency Contacts (At least 2 are required)

1<sup>st</sup> Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Other persons authorised to collect your child: \_\_\_\_\_

I give permission for my child to go on the trip to on Thursday 19<sup>th</sup> April (if attending).

I acknowledge that the information contained herein is confidential and, pursuant to the Privacy Act 1993, will only be used by the St Columba Holiday Programme leadership to provide effective care for my child and not used or distributed for any other purposes. Representatives from Child Youth & Family may view this information as part of the programme assessment process.

I acknowledge that images of my child or items of my child's work completed at the Holiday Programme may be used at a later date for training, marketing and promotional purposes. And I hereby give my consent and no further permission will be required.

In the unlikely event of an injury or illness, St Columba will make every effort to contact the parent/caregiver listed on this registration form. By signing this form I authorise the administration of such first aid as is considered necessary and will be responsible for any extra cost incurred.

Parent / Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Is this your child's first St Columba Holiday Programme?  Yes  No

How did you find out about us?

- Church advertising  Friends or family  
 Website  Newspaper  School Notice

## OFFICE USE ONLY

All fields completed by parent / caregiver

## ACCOUNTANT USE ONLY

Cheque  Cash  EFTPOS  Direct Credit

Date: \_\_\_\_\_ \$ \_\_\_\_\_