

**PLEASE NOTE:** Your child(ren) will NOT be accepted as enrolled unless this form is accompanied by full payment. Enrolments can only be taken with payment and on completion of the enrolment form. Please notify us of any cancellations. We regret that *refunds 'cannot' be given* after enrolment. If you wish to change days 48 hours notice is required before the day you wish to change to. The program may change due to changes in the weather, low enrolment numbers or other unforeseen circumstances without prior notice.

**CHILD(REN)'S DETAILS**

#	SURNAME	GIVEN NAME	DATE OF BIRTH	M/F	CHILD'S ADDRESS	CHILD'S CRN*
1						
2						
3						

\*Children and Parents' Date of Birth (DOB) & Customer Reference Numbers (CRN) are required before payment if you wish to receive Centrelink Childcare benefits. Due to privacy regulations we do not keep personal Centrelink details on record, therefore CRN numbers must be provided on this form every time you enrol your child.

Do all children listed above have the same Parent/Guardian information? YES  Please continue with the rest of the enrolment form  
NO  Please fill out separate enrolment forms to reflect this

Parent/Guardian 1: \_\_\_\_\_ DOB\*: \_\_\_\_\_ CRN\*: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Mobile Number: \_\_\_\_\_ Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_  
 Work Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ DOB\*: \_\_\_\_\_ CRN\*: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Mobile Number: \_\_\_\_\_ Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_  
 Work Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Mobile Number: \_\_\_\_\_ Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Additional person(s) authorised to collect child from centre:  
 Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Medicare Number: \_\_\_\_\_  
 Clinic Address: \_\_\_\_\_ Contact Number: \_\_\_\_\_

If this is your first enrolment, how did you find out about the programme?  WEBSITE  NEWSPAPER  FRIEND  RADIO  OTHER

**GUARDIANSHIP, CUSTODY OR ACCESS ARRANGEMENTS**

Are there any court orders relating to the guardianship, custody or access to the child(ren)?  YES  NO  
 If YES, please give details: \_\_\_\_\_

**SWIMMING ABILITY**

Please write swimming level of each child as accurately as possible.

Child 1: \_\_\_\_\_ Swimming Level: \_\_\_\_\_ Child 2: \_\_\_\_\_ Swimming Level: \_\_\_\_\_  
 Child 3: \_\_\_\_\_ Swimming Level: \_\_\_\_\_

## MEDICAL INFORMATION (CONFIDENTIAL)

Please give brief details of medical conditions, allergies, disabilities etc. that may be important in the event of an emergency. Please also add any other relevant information that will assist us in the care of your children:

CHILD #	MEDICAL INFORMATION	ANY OTHER RELEVANT INFORMATION	HAS YOUR CHILD RECEIVED ALL THE RECOMMENDED IMMUNISATIONS ACCORDING TO THE NHMRC?
1			
2			
3			

\*NHMRC - National Health and Medical Research Council

## EXCURSION SELECTION

Please select which days you would like your child(ren) to attend by marking the box alongside the activities listed above.

DAY/DATE	EXCURSION/ACTIVITY	TIME	✓
THUR 15/12/11	BOWLING	9.50AM	
FRI 16/12/11	GO BANANAS	10AM	
MON 19/12/11	THE GREAT ESCAPE	9.50AM	
TUES 20/12/11	MOVIES	TBA	
WED 21/12/11	DARKLIGHT	9.40AM	
THUR 22/12/11	THE MAZE	9.30AM	
FRI 23/12/11	CHRISTMAS PARTY	N/A	
TUES 3/1/12	THE HANGOUT	9.45AM	
WED 4/1/12	ZOO	10AM	
THUR 5/1/12	ROLLERDROME	12PM	
FRI 6/1/12	SCITECH	9.10AM	
MON 9/1/12	SWIMMING	9.30AM	
TUES 10/1/12	CAVERSHAM WILDLIFE	9.45AM	
WED 11/1/12	KINGS PARK	10AM	

DAY/DATE	EXCURSION/ACTIVITY	TIME	✓
THUR 12/1/12	WILDKIDZ	10AM	
FRI 13/1/12	HAVE A GO DAY	N/A	
MON 16/1/12	ERN HALLIDAY	9.30AM	
TUES 17/1/12	ICE-SKATING	9.30AM	
WED 18/1/12	BOTANICAL GOLF	9.45AM	
THUR 19/1/12	WATER DAY	N/A	
FRI 20/1/12	WHITEMANS PARK	9.30AM	
MON 23/1/12	GREAT ESCAPE	9.50AM	
TUES 24/1/12	DARKLIGHT	11AM	
WED 25/1/12	BOWLING	9.50AM	
CLOSED FOR AUSTRALIA DAY			
FRI 27/1/12	MOVIE	TBA	
MON 30/1/12	MARITIME MUSEUM FREMANTLE	9.30AM	
TUES 31/1/12	SUPAGOLF	9.30AM	

\*\*\*PLEASE NOTE: Time Column indicates Charter Bus departure time from Loftus Recreation Centre. Please ensure you arrive 15 minutes before we leave so you do not miss the bus\*\*\*

## IMPORTANT INFORMATION, DISCLAIMER AND EMERGENCY FIRST AID

By enrolling my child(ren) in the Loftus Recreation Centre Vacation Care Program, I agree to the following conditions:

- Leaders of the Loftus Recreation Centre Vacation Care Program are authorised to take children on outings away from the centre outlined in the brochure.
- I hereby agree that for excursions that are within walking distance from the centre the Vacation Care Leaders have permission to escort/walk my child(ren) to and from the venue.
- In the event of an accident or illness suffered by my child(ren), the organisers of the Loftus Vacation Care Program are authorised to obtain. On my behalf, such medical assistance as my child(ren) may require and I agree to reimburse the organisers for any expense incurred.
- Although all care will be taken, Loftus Recreation Centre staff and program leaders are free from all responsibility for accidents or loss of property in connection with any child's participation.
- Loftus Recreation Centre reserves the right to suspend or expel children from the Vacation Care Program for misbehaviour that is deemed inappropriate. *NOTE:* in the event if suspension or expulsion from the Program, it is the parent's responsibility to have the child collected immediately. No monies will be refunded for the days paid for the remainder of that week following suspension or expulsion from the Program.
- Loftus Recreation Centre reserves the right to refuse any person entry to the Vacation Care Program as decided by Loftus Recreation Centre Management.
- I am willing for my child to participate in all activities offered in the Vacation Care program. I agree it is my responsibility to familiarise myself with the program and to advise the Centre in writing if I do not wish my child(ren) to participate in a particular activity.
- I understand and agree that all times my child(ren) shall be at my own risk and I will not hold Belgravia Leisure or its staff liable for any personal injury which may result to my child or loss of property except for any liability by Belgravia Leisure if it fails to render its services with due care and skill or supplies any material in connection with those services which is not reasonably fit for the purpose for which they are supplied.

## DECLARATION

I declare that the information above is complete and accurate, and I have read, understood and agree to the conditions outlined above.

**Parent/Guardian Signature:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PHOTOGRAPHIC CONSENT AUTHORIZATION

I DO HEREBY GIVE PERMISSION FOR MY CHILD TO BE PHOTOGRAPHED AT LOFTUS VACATION CARE AND THE MATERIAL TO BE USED FOR PROMOTIONAL PURPOSES WITHIN THE CENTRE.

**Parent/Guardian Signature:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_