



# Pre Xmas - 15<sup>th</sup> to 23<sup>rd</sup> December 2011 – Riverina RIVERINA SCHOOL HOLIDAY PROGRAMME ENROLMENT FORM

The details you provide here will assist us in keeping an accurate record of the children attending our programme and provide vital information in case of emergency.

CHILD'S NAME:.....

ADDRESS:.....

Date of Birth ..... Age ..... Ethnicity ..... SCHOOL:.....

CONTACT PHONE (Day):.....(Evening):.....

EMERGENCY CONTACT:(Name).....Ph:.....



MEDICAL AWARENESS: (ie. asthma, medication):.....

Other information about my child I would like you to be aware of:.....

How is your child getting home from the Holiday Programme? Collected  Walking  Cycling

People authorised to collect your child(ren):.....

Please tick the days you would like your child to attend the programme and the age group they are in:

5 - 7 year old

8 - 12 year old

**NOTE: - Wednesday 21-12 to Friday 23/12 will only go ahead if 10 or more children enrol, if you would like your child/ren to come those days please let us know as soon as possible.**

**Activities for this pre Christmas Holiday Programme include Christmas Art, Cooking, Shopping at the Plaza, Acting & other Christmas Activities**

Day	Date	Week 1	Total Fee	Please Tick	Office Use
Thur	15/12		<b>18.00</b>		
Fri	16/12		<b>18.00</b>		
<b>Totals</b>			<b>36.00</b>		



Day	Date	Week 2	Total Fee	Please Tick	Office Use
Mon	19/12		<b>18.00</b>		
Tue	20/12		<b>18.00</b>		
Wed	21/12	These 3 days will only be available if 10 or more children have been booked and have paid	<b>18.00</b>		
Thur	22/12		<b>18.00</b>		
Fri	23/12		<b>18.00</b>		
<b>Totals</b>			<b>90.00</b>		

**Programme Policy and Parent Permission**

1. I give permission for my child to participate in the activities. Recognising that the staff will do their best to ensure a safe experience, I acknowledge that Riverina School Holiday Staff will be free and clear of all liability in the event that any injury, damage or loss is sustained by my child or to personal effects. In the event of sickness or accident, I agree that first aid may be administered or medical attention sought at my expense.
2. I acknowledge that if my child/ren are sick or unwell and may be contagious that the staff at their discretion may refuse entry to the programme.
3. I agree that my child has permission to travel outside Riverina School for outings.
4. I agree that failure to abide by Staff instruction or inappropriate behaviour by my child may result in my child being asked to leave the programme.
5. **Refunds** - No refunds unless the programme is full and your space can be filled by someone on the waiting list. In which case refunds will be carried over to OSCAR or the next holiday programmes.

Parent/Caregiver:.....Date:.....

**FOR OFFICE USE ONLY**

Date	Booking taken by	Total Amount	Paid	Cash Cheque eftpos Other

**Please return completed Enrolment Form with payment by Friday 9<sup>th</sup> December at latest**