



APPLICATION FORM FOR AFTERSCHOOL PROGRAMME

If you are enrolling more than one child please use a separate form for each child.

Child's Name:

Address:.....

Date of Birth:..... Days Required:.....

Parent/Guardian's name:

Address (if different from above).....

Home Phone No..... Work Phone No:.....

Please tick One:

Regular User

Casual User

Emergency Contact Person: Phone:

Relationship to Child:.....

Names of persons authorised to pick up child: *(List all those who may collect your daughter)*

1.Phone:

2.Phone:

3.Phone:

Medical awareness (i.e. Asthma, medication etc):.....
.....
.....

Name of Doctor:..... Phone:

Address:.....

Other information I would like you to know:

.....

AFTER SCHOOL CARE

I understand that \$17.50 per day will be charged to my account for the days my daughter attends After School Care.

I understand that the organisers of the programme will not accept liability for any loss or damage to the child's property. I understand that every care possible will be taken to ensure the safety of my child.

I give my consent for first aid to be given in the event of injury and for medical help to be sought if necessary.

Signed: (Parent/Guardian)

Date: