

Quality Management – Leisure Centre	
Doc Number QMF-LC	School Holiday Program Enrolment Form

Child/ren's Details: Please note the school holiday program is available to 5 – 12 years olds only

First Name & Family Name	Date Of Birth	Gender
1. _____ #Cust No: _____	1. _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
2. _____ #Cust No: _____	2. _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
3. _____ #Cust No: _____	3. _____	Male <input type="checkbox"/> Female <input type="checkbox"/>
Parent / Legal Guardian 1 Details must be completed every program	Parent / Legal Guardian 2 Details	
Name: _____ #Cust No: _____	Full Name: _____	
Address: _____	Address: _____	
Mobile: _____	Mobile: _____	
(CSO to enter into Mobile & Work NO. field on Links)		
Alternate phone: _____	Alternate phone: _____	
Email: _____	Email: _____	

Emergency Contact Information – must be completed every program

Please list a **minimum of two people**, other than child's parent(s) / legal guardian(s), who are authorised to collect the child or who we may call if we cannot contact you in an emergency. Please ensure you notify Fairfield Leisure Centre with any changes to these details. Please ensure contacts are aware that they have been placed on this form and may be contacted at any time.

Contact Person One:

Name and Address:	Relationship to Child	Contact details:	Person one has authority to:
Full Name: _____		Home: _____	Collect my child from service: Yes <input type="checkbox"/> No <input type="checkbox"/> Emergency Release Yes <input type="checkbox"/> No <input type="checkbox"/>
Address: _____		Mobile: _____	

Contact Person Two:

Name and Address:	Relationship to Child	Contact details:	Person two has authority to:
Full Name: _____		Home: _____	Collect my child from service: Yes <input type="checkbox"/> No <input type="checkbox"/> Emergency Release Yes <input type="checkbox"/> No <input type="checkbox"/>
Address: _____		Mobile: _____	

Custody Arrangements

Is there anyone legally prohibited from having contact with your child/ren?

Name: _____ Yes (Please provide a current photo) No

Are there any Parenting Orders pertaining to your child/ren? Yes No

If yes, a copy of the Order will need to be provided to Fairfield Leisure Centre prior to child starting commencement. (Please notify Fairfield Leisure Centre **immediately** if any changes are made to any Parenting Orders)

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General Information

Does/do your child/ren have any behavioural issues? Yes No
 If yes please provide details:

Please disclose any further information in relation to your child eg any phobias, behavioural triggers, preferred behavioural management methods.

Child's Medical Details
 Parent Please Note If You Circled YES To Any Of The Below Medical Conditions: Medical documentation will need to be returned prior to commencement of the School Holiday Program. Please see the Customer Service staff at Fairfield Leisure Centre.

Please circle to indicate If your child/children	Child 1	Child 2	Child 3	Families need to provide relevant medical documents to Fairfield Leisure Centre prior to commencing the School Holiday Program:
Take regular medication?	Yes	Yes	Yes	Completed Long Term Medication letter see Customer Service staff at Fairfield Leisure Centre for form to take to your doctor.
Have asthma?	Yes	Yes	Yes	Completed Asthma Action Plan from your Doctor
Have any disabilities?	Yes	Yes	Yes	Medical clearance/documentation from your Doctor
Have epilepsy?	Yes	Yes	Yes	Medical clearance/documentation from your Doctor
Have allergies or food intolerances?	Yes	Yes	Yes	Completed Allergy Plan, please see customer service staff at Fairfield Leisure Centre for form.
Have non-food related allergies?	Yes	Yes	Yes	Completed Allergy Action Plan from your Doctor
Have anaphylaxis?	Yes	Yes	Yes	Completed Anaphylaxis Action Plan and Epi Pen consent form, please see Customer Service staff at Fairfield Leisure Centre for form to take to your doctor.
Have any other medical conditions?	Yes	Yes	Yes	Medical clearance/documentation from your Doctor

Food and/or products your child/children are not allowed:

In case of Emergency please provide your Medicare number:
 Medicare Number: _____ Private health cover please provide details: _____

Program options: The program runs from 8.30am – 3.30pm. Drop off at the Fairfield Youth & Community Centre between 8.00am and 8.30am Pick up at Fairfield Leisure Centre between 3.30pm and 4.00pm. First child: Per day: \$55 Three(3) days or more : 10% off Any child thereafter: 10% off all days booked Early drop off from 7.00am - fee of \$15 per child applies A charge of \$15 per every 15 minutes or part thereof per child will be charged if children are picked up late.	Bookings	Mon	Tues	Wed	Thurs	Fri
	Please indicate how many children for each day and place an E to indicate if early drop off.					
	Week one					
	Week Two					
	Week Three					
Office use only: Total amount paid: Receipt Number: _____						

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Parent/Guardian Consent/Declaration Information

Emergency Details:

In the event of an emergency, illness or accident concerning my child I consent for the Program Overseer, or any Fairfield Leisure Centre staff to seek and provide any emergency medical, dental or hospital treatment. I accept liability for any expenses that may be required and give permission for my child to be transported by Ambulance. Yes No

Paracetamol Authority:

I consent to my child being given an age appropriate dose of paracetamol in the event of their temperature reaching 38 - 38.5 C. The Program Overseer will endeavour to contact you before administering any paracetamol. Yes No

Publicity (optional):

I understand that photographic, video and/or other images of my child may be used for internal purposes within the Fairfield City Leisure Centres service that my child is currently enrolled in. I understand that examples of their use may include, but is not limited to; displays, program documentation, newsletters and other FCC internal publications. If Fairfield Leisure Centre or Fairfield City Council wishes to use these photographic, video and/or other images outside of internal publications, I understand that further permission will be sought prior to their use Yes No

Sunscreen:

I authorise the Fairfield Leisure Centre Workers to apply 30+ sunscreen to my child. Yes No

Location changes:

I have been advised that a location change will occur during the day from Fairfield Youth and Community Centre to Fairfield Leisure Centre. This will require the children to cross the car park under the supervision of the Leisure Centre Instructors. Additionally the children will be relocated to different areas within the Fairfield Leisure Centre facility. Yes No

Risk Declaration

I, am aware in signing this document that aspects of the activities in which my child/children intends to participate could be physically or emotionally demanding. Furthermore, I understand that certain inherent risks and dangers exist in the activities in which/he/she/they will be participating. I acknowledge that while every reasonable effort to minimise exposure to known risks will be taken, all hazards and dangers associated cannot be foreseen or may be beyond the control of the organised body.

I acknowledge that I have been provided with all the information I require regarding the program.

I hereby agree to indemnify and keep indemnified the Fairfield City Council, it's servants and agents, from and against all actions, costs, claims, charges, expenses and damages whatsoever, which may be brought or made against them or nay of them arising out of, or in connection with the activity. I agree with the Workers at the event seeking any medical assistance that is necessary in the event of such an accident or illness and to pay all the fees and expenses incurred.

Furthermore , I understand that the Workers cannot accept supervision responsibility for young people arriving before or staying after the listed hours of a program or event who are not booked into before or after care. Yes No

Activities:

Activities offered are subject to availability, cancellation may occur from the organisation if minimum numbers are not received or due to extreme weather conditions. A full refund will be provided if the program is cancelled prior to the days' activities commencing.

Activities may be altered at the discretion of the organisation. I understand and agree to this condition.

Yes No

Illness:

In the event of a child/ren falling ill throughout the day you will be contacted and you agree to pick up your child/ren.

Yes No

Attendance/Cancellation:

Non-attendance is non-refundable.

Application for a refund may be made if cancellation is received before the Wednesday prior to the commencement of the program. I understand and agree to this condition.

Yes No

Fees and Charges:

I agree to all charges in relation to the School Holiday Program inclusive of early and late pickup and to the fees charged outside of the specified pickup times. Yes No

Unacceptable Behaviour:

Unacceptable behaviour will not be tolerated. In the first instance the instructor will address the issues with your child/children, however, if the behaviour continues and it is deemed to be disruptive, dangerous or overly offensive you may be contacted and requested to remove your child/ren from the program without refund.

Unacceptable behaviour includes but is not limited to: offensive language towards other participants or staff, bullying, inappropriate physical contact, spitting, abuse of equipment or not following reasonable requests from staff.

I understand and agree to this condition.

Yes No

Parent/Guardian Signature: _____

Date: ____/____/____

Privacy Statement: Fairfield City Council collects personal information as requested on this form for the purpose of registering your child in the Fairfield Leisure Centre School Holiday Program. This information will be used for registering your child within the program, administration purposes and to contact you in the event of an emergency. Your personal information will not be disclosed to any other party without your consent except where is required by law.