

# **Enrolment Agreement Holiday Programme**

Child's Full Name Preferred names (nicknames)				th
Male/Female	Ethnicity		lwi	
Primary Caregiver Address Ph (Home) Email				
Secondary Caregiver Address Ph (Home) Email	 . (Mobile)		• • • • • • • • • • • • • • • • • • • •	
Emergency Contact Address Ph (Home) (To be used in the event	(Mobile)		(Email)	
Immunisations current? Y	/N			
Family GP Address				
Health Problems/Dietary Medications must be sigr	ned for or sta	ff cannot ac	dminister.	



Special Needs
Cultural or Religious Considerations (e.g. Languages spoken at home)
Permission to use Arnica/Bepanthan/Sunscreen/Zinc and Castor Oil Cream/Antiseptic/Antihistimine Cream if required Y/N (signature)
Enrolment date:
Term Holidays Enrolled (please circle): One Two Three Four

Wed

Wed

Thur

Thur

Fri

Fri

Tues

Tues

Week One Mon

Mon

Week Two



Persons who may collect your child from The Forest (anyone other than listed on front page:

Name:	Name:
Address:	Address:
Phone:	Phone:
Persons who may <b>NOT</b> collect your ch	nild from The Forest:
Name:	Name:
Details:	Details:
or advise of any access with conditio	ach any court orders, protection orders, ns in place for this child)
I have read the Fees and Policies informaterms referred to in the document. I here enrolment application is true and correct	·
Signed	Date



## **Enrolment Information**

### Payment of fees

Term payment is due on invoice, however by arrangement, instalments may be made.

#### Illnesses

Will be charged at your normal day rate.

## Cancelling your Holiday booking at The Forest

Two weeks notice is required of intention to withdraw your child from the school programme booking, or normal payment of fees for your booking will be due.

#### Website

Observations will be done on your child and photographs taken. Sometimes these photographs may be used on the School's website or Facebook site with your permission. YES/NO

#### **Medical Care**

In the event of emergency, staff will take all actions necessary to safeguard your child's wellbeing and administer treatment of any illness/injury through the necessary channels, e.g. calling an ambulance if required, this will be at the parents' expense.

I agree to the terms and conditions of enrolment, and agree to pay the Holiday fee in full on invoice prior to my child starting as set out in the above policy. I understand that my place is not confirmed until the fee is paid.

Acceptance of enrolment of my child at this service is in no way an assurance or guarantee of continued enrolment for the time indicated or under the terms and conditions effective at the time of enrolment. Management reserves the right to terminate enrolment or vary the conditions.

ruieilis signatule	Parents Signature	Date
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