

ENROLMENT FORM

WATERWORLD HOLIDAY PROGRAMME - January 2021

CHILD'S DETAILS

Name _____ Male / Female

Age _____ Date of Birth _____

Address _____

School _____ Ethnicity _____

Please list any cultural, medical, dietary requirements or special needs your child may have

PARENT / CAREGIVER CONTACT INFORMATION

Name _____ Home Ph _____

Mobile _____ Work Ph _____

Relationship to child _____

Email _____

Child's Doctor _____ Phone _____

ALTERNATIVE CONTACT INFORMATION (TWO MUST BE PROVIDED)

[1] Name _____ Home Ph _____

Mobile _____ Work Ph _____

[2] Name _____ Home Ph _____

Mobile _____ Work Ph _____

SWIMMING ABILITY

What is your child's swimming ability?

☐ Able swimmer ☐ Restricted swimmer ☐ Non swimmer

DAY PROGRAMME SELECTION

☐ Monday 11 Jan \$45

☐ Monday 18 Jan \$45

☐ Monday 25 Jan \$45

☐ Tuesday 12 Jan \$45

☐ Tuesday 19 Jan \$60

☐ Tuesday 26 Jan \$55

☐ Wednesday 13 Jan \$45

☐ Wednesday 20 Jan \$45

☐ Wednesday 27 Jan \$45

☐ Thursday 14 Jan \$55

☐ Thursday 21 Jan \$60

☐ Thursday 28 Jan \$55

☐ Friday 15 Jan \$45

☐ Friday 22 Jan \$45

☐ Friday 29 Jan \$45

LIMITED SPACES AVAILABLE


Waterworld

DECLARATION

I give permission for my child to be photographed YES / NO

I give permission for photos to be utilised for advertising YES / NO

I give permission for sunblock to be applied to my child YES / NO

I give permission for my child to be transported YES / NO

I will sign my child into the holiday programme on arrival and out again when I collect my child

I will advise staff in writing if my child is to be collected by any person other than those detailed on this enrolment form

I understand there are no refunds for any days booked

I understand there are risks associated with my child attending the holiday programme and all due care will be taken

Waterworld is not responsible for loss and damage to my child's possessions

I give consent for the information provided about my child to be viewed by the MSD for auditing purposes only

By signing this registration form I hereby acknowledge that I have read, understand and accept Waterworld's standard terms and condition for day programmes and that information I have provided is true and correct to the best of my knowledge.

Please be aware that the programme may change slightly due to circumstances eg weather.

Parent / Caregiver signature

Date

OFFICE USE ONLY

Booking received by _____ Date booking received _____

Total days booked _____ Balance due \$ _____ Total paid \$ _____

Payment method _____ Deposit due \$ _____

WINZ CASH CHQ EFTPOS / CREDIT

Payment received YES / NO

Medical Requirement Listed YES / NO

Medical form required YES / NO

Declaration and consent signed YES / NO

Alternative contact provided YES / NO

Entered into Centaman YES / NO