



REGISTRATION FORM

(Separate form for each child is required)

Surname: _____ Programme Dates: _____

First Name: _____ Age: _____

Address: _____

Home Phone Number _____ School Attending _____

Parent/Caregiver Name/s: _____

Name of Emergency Person: _____

Emergency Phone Number _____

Email Address (for future communication): _____

Medical Needs/Allergies (also needs to fill out a medical consent form if taking medication)

Who will be collecting your child from the Explosion Holiday Programme

Name: _____

Written permission must be given for child to come & leave the programme unaccompanied

I give permission for the Explosion Holiday Programme staff to administer First Aid and to seek emergency treatment if necessary

Yes

No

Signature: _____

Office use:

Payment: eftpos / cash / cheque / internet / Work & Income (OSCAR subsidy)

Amount week 1 \$ _____ Amount week 2 \$ _____

Receipt week 1: _____ Receipt week 2: _____

Other family members in Programme: _____