



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: _____ Cell phone number: _____

Name of Emergency Person: _____

Emergency Phone Number _____ Cell: _____

Email Address (for future communication): _____

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

Is there anything else that the service needs to know about your child eg. custody issues

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 and for the child to attend any excursions done throughout the programme.
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: _____