

## PCYC Eastern Suburbs

### School Holiday Program

#### Enrolment form **APRIL 2021**

#### **Important information:**

- Please return the enclosed enrolment form to the PCYC Eastern Suburbs as soon as possible. Places are limited and will book out.
- Forms can be submitted by either handing them into the club, or emailing them to [easternsuburbs@pcycnsw.org.au](mailto:easternsuburbs@pcycnsw.org.au)
- Enrolment will only be confirmed upon full receipt of payment and completion of booking forms.
- All booking forms must be completed in full in order to be accepted.
- \$45.00 per child per day , LIMITED SPACES
- All participants must be PCYC members to attend PCYC programs – junior membership \$10.00.

#### **Program Times:**

- **Drop off is at 9am**
- **Program officially starts at 9.15am and finishes at 3:00pm**
- Children must be picked up by 3pm
- Children must be signed in and out of the program. Children will not be allowed to leave the program with anyone other than those nominated on the enrolment form.

#### **Age Limits:**

- Primary school aged children, minimum 5 years old, maximum 12 years old.

#### **Enrolment:**

- Enrolments will only be secured on full completion of forms and full receipt of payment.
- Enrolments will close when maximum capacity is reached
- \$45 PER DAY OR 3 DAYS FOR \$120
- Please note if the participant has cold or flu like symptoms please don't send them to the program.

#### **What to bring:**

- Drinks, lunch, snacks and food for the whole day
- Water bottle
- **Enclosed shoes with rubber sole**- children will not be allowed to participate in some activities without correct footwear.

Please clearly label ALL items brought to the Police Citizens Youth Club. PCYC takes no responsibility for lost property. Families are advised not to bring valuables to the club, and label all personal belongings.

#### **Allergies / Special Requirements:**

Parents are required to inform the centre of any allergies their child has when enrolling. Parents are requested to explain known triggers, symptoms and management strategies when dropping off their child to help staff recognise and treat the condition. Please advise the centre of any special requirements.

#### **Medication:**

Parents are required to inform the club of any medical conditions their child has when enrolling. Parents are requested to explain known triggers, symptoms and management strategies when dropping off their child to help staff recognise and treat the condition. Please advise the centre of any special requirements. Medication can only be administered by staff with written permission including signatures from parents/guardians.

#### **Cancellation policy:**

There are no cancellations, refunds or credits once your booking has been processed, unless a medical certificate is supplied for the day/s missed within one week of the missed day/s. Transfers to other days may be permitted if notice is given and there is availability on required days.

#### **Inappropriate Behaviour:**

If a participant displays inappropriate behaviour, staff will speak to the participant about the rules and positively reinforce alternative behaviour. If no improvement is seen the participant will be given time out. If a participant physically harms another child or staff, time out will be given and the parent/guardian contacted. For other serious incidents the participant's parent/guardian will be contacted.

**If you still have questions,  
contact the club at:  
[easternsuburbs@pcycnsw.org.au](mailto:easternsuburbs@pcycnsw.org.au)  
or call 9314 2536**

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## ENROLMENT FORM 1

Please complete ALL requested information.

### Options for registering:

1. Bring in to the Centre
2. Email to: [easternsuburbs@pcycnsw.org.au](mailto:easternsuburbs@pcycnsw.org.au)

### Parent/Guardian Information:

Parent/Guardian Name: (Will be the first emergency contact)	
Address:  Postcode:	
Phone 1:	Phone 2:
Email: (Enrolment confirmation will be sent by email only):	
Emergency Contact Name: (Must be different to above)	Phone:
How did you hear about us?	

### Indemnity Statement

I, the parent/guardian, have read and agree to the attached Essential Information and agree to terms and conditions outlined below: (please initial each box)

- I accept full responsibility for my child/Ren's personal belongings.
- PCYC Eastern Suburbs is authorised to obtain medical assistance required in the event of any unforeseen accident or illness and I agree to meet any expenses attached hereto.
- I accept full responsibility for my child/Ren's behaviour during the program and in the event of misbehaviour I will be contacted and asked to collect my child/Ren.
- I, the undersigned, agree that neither the PCYC nor its partners are liable for any losses, damage and/or injury occurred and/or sustained by my child/Ren in attending the School Holiday Program.

Parent/Guardian Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Other Parents authorised to collect children: \_\_\_\_\_ Date: \_\_\_\_\_

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## ENROLMENT FORM #2

Children's Names:				
Children's Names	DOB	PCYC Member Y/N	Attended Holiday Program previously	If child is not already a PCYC member, membership is \$10.00 per year, per child. You can make them a member online or at reception
1.				
2.				
3.				
If children have any behavioral issues, allergies or medical condition, please submit an action plan form in order to assist staff to handle any incidents effectively.				
WEEK 1 \$45.00 per day per child		Number of Children	WEEK 2 \$45.00 per day per child/	Number of Children
Monday 5/4 CLOSED EASTER MONDAY			Monday 12/4 Judo + Arts & Crafts	
Tuesday 6/4 Multi Sports + Arts & Crafts			Tuesday 13/4 Basketball + Arts & Crafts	
Wednesday 7/4 Multi Sports + JNR Boxing			Wednesday 14/4 Kaiviti Silktails Community Day + Multi Sports	
Thursday 8/4 Basketball + Arts & Crafts			Thursday 15/4 Multi Sports + Arts & crafts	
Friday 9/4 Dodgeball + Tie Dye(bring own t shirt			Friday 16/4 Dance masterclass + Arts & crafts	
			<b>TOTAL \$\$</b>	

### Options for registering:

1. Bring forms to the club    2. Email to: [easternsuburbs@pcycnsw.org.au](mailto:easternsuburbs@pcycnsw.org.au)

Office Use Only:			
Total \$ Paid:	Date:	Receipt #:	Staff:

Payment: (If NOT paying directly at the center)	
Please circle:    VISA                      MASTERCARD	
Card #:	
Name on Card:	Signature:
Expiry Date:	CVC #: