



Child/ren's Name	D.O.B.	School	Medical Conditions Special needs	PCYC number (on back of card)	  Voucher Number	Redeemed
Child 1						
Child 2						
Child 3						
Parent / Guardian 1						
Full Name:			D.O.B:			
Email:			Phone Number:			
Parent / Guardian 2						
Full Name:			D.O.B:			
Email:			Phone Number:			

Authorised Nominee/Emergency Contact Person Other than Parent/Carer (must be over 18years old)		
	Emergency Contact 1	Emergency Contact 2
Full Name:		
Relationship:		
Phone Number:		
Permission for this contact to:	<input type="checkbox"/> Collect child/ren from service <input type="checkbox"/> If parent/guardian cannot be contacted, this person should be notified of any accident, injury, trauma, or illness of child/ren	<input type="checkbox"/> Collect child/ren from service <input type="checkbox"/> If parent/guardian cannot be contacted, this person should be notified of any accident, injury, trauma, or illness of child/ren

Join us at PCYC Queanbeyan for our After school Sports & Creative Program. This is a fun afterschool program that would allow your child to participate in a different variety of sporting and creative activities. These programs range from Basketball, Soccer, Arts & crafts, and painting.

PLEASE SELECT DAY FOR EACH CHILD BELOW

Please double check day selected as PCYC Queanbeyan will not take responsibility for errors made on the booking form.

Price	Day	Child 1	Child 2	Child 3
\$25 Per day 10 Week program	Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time:	3pm – 6pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Enrolment cannot be processed without a valid PCYC membership.

Annual Membership: Junior \$10

Visit our website to create a membership: <https://www.pcyctsw.org.au/parramatta>



\$300 FREE



Claim your FREE \$100 Active Kid (x2) and \$100 creative kid voucher when enrolling into our programs.

Visit <https://www.service.nsw.gov.au/> to claim your vouchers.

Child Health details	Child 1	Child 2	Child 3
1. Does your child present with any additional support needs or have a diagnosed disability? (If yes please provide further details to the Club)	YES <input type="checkbox"/> / NO <input type="checkbox"/>	YES <input type="checkbox"/> / NO <input type="checkbox"/>	YES <input type="checkbox"/> / NO <input type="checkbox"/>
2. Does your child have allergies? (If yes please list and attach management plan from your doctor)	YES <input type="checkbox"/> / NO <input type="checkbox"/>	YES <input type="checkbox"/> / NO <input type="checkbox"/>	YES <input type="checkbox"/> / NO <input type="checkbox"/>
3. Does your child have anaphylactic reactions? (If yes please attach management plan from your doctor)	YES <input type="checkbox"/> / NO <input type="checkbox"/>	YES <input type="checkbox"/> / NO <input type="checkbox"/>	YES <input type="checkbox"/> / NO <input type="checkbox"/>
4. Does your child have Asthma? (If yes please attach management plan from your doctor)	YES <input type="checkbox"/> / NO <input type="checkbox"/>	YES <input type="checkbox"/> / NO <input type="checkbox"/>	YES <input type="checkbox"/> / NO <input type="checkbox"/>
5. Will your child require staff to administer regular medication? (If yes, please complete the Medical Management form)	YES <input type="checkbox"/> / NO <input type="checkbox"/>	YES <input type="checkbox"/> / NO <input type="checkbox"/>	YES <input type="checkbox"/> / NO <input type="checkbox"/>
6. Does your child have any special dietary requirements? (If yes please provide details)	YES <input type="checkbox"/> / NO <input type="checkbox"/>	YES <input type="checkbox"/> / NO <input type="checkbox"/>	YES <input type="checkbox"/> / NO <input type="checkbox"/>
*If you have selected yes to any of the above, we will complete a Risk Management and may need to arrange a meeting with the Club.			

Are there any custody/access issues that staff should be aware of? Eg. Court orders, parenting orders or parenting plans?

(Please provide the Club with a copy of Court Orders or Orders of the Family Court if relevant)

Parent/Guardian Agreement	
Please read the following statements carefully and circle yes or adjust prior to signing and dating this Certification:	
1. I authorise PCYC to obtain emergency medical assistance in the event of an emergency from a registered medical practitioner, hospital, or ambulance service. I agree to meet the costs associated with any medical expenses including ambulance transportation	Yes
2. I am aware that I must provide any medication in its original packaging with my child's name and the dosage required clearly labelled. Only Prescription medication with clear Doctors instructions will be administered.	Yes
3. I understand that I must advise staff of absences, or I may still be charged for that day (Two weeks written notice is required for cancellations of the bookings on this form).	Yes
4. I agree to PCYC staff to take my child/ren off site where required for emergency drills or actual emergencies	Yes
5. I agree to my child being photographed for promotional and other purposes	Yes
6. I agree to advise staff of any additional support needs my child may have.	Yes
7. I agree that I will collect my child/ren from the service early if my child/ren display inappropriate or violent behaviours.	Yes
8. I agree that my child/ren may be suspended or excluded from the service if their behaviours pose a significant risk of harm to themselves or other children.	Yes

Parent/Guardian Name _____ Signature _____ Date _____

PAYMENT DETAILS (required if booking via email) - VISA / MASTERCARD		
Total: \$	Name on Card:	Expiry:
	Card #:	CVC#:
	Signature:	

PROGRAM PAYMENT ONLY. CREDIT CARD DETAILS ARE DETROYED