

After School Sports & Creative Program

ENROLMENT FORM

Term 1 - 31st January – 08th April 2022

allow your child to participate in a different variety of sporting and creative activities. These programs range from Bask 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 Ch Monday Per day Wednesday Tuesday Thursday Thursday Thursday	Child/ren's Name			D.O.B.	School	Medic Conditi Special r	ions	PCYC number (on back of card)	Voucher N	umber	Redeemed			
Parent / Guardian 1 Parent / Guardian 2 Phone Number: Permission for this contact to: If parent/guardian cannot be contacted, this person should be notified of any accident, injury, trauma, or illness of child/ren Parent/guardian cannot be contacted, this person should be notified of any accident, injury, trauma, or illness of child/ren Phone Number: Collect child/ren from service If parent/guardian cannot be contacted, person should be notified of any accident, injury, trauma, or illness of child/ren Parent/guardian cannot be contacted, person should be notified of any accident, injury, trauma, or illness of child/ren Parent/guardian cannot be contacted, person should be notified of any accident, injury, trauma, or illness of child/ren Parent/guardian cannot be contacted, person should be notified of any accident, injury, trauma, and painting. Collect child/ren Parent/guardian cannot be contacted, person should be notified of any accident, injury, trauma, or illness of child/ren Parent/guardian cannot be contacted, person should be notified of any accident, injury, trauma, or illness of child/ren Parent/guardian cannot be contacted, this person should be notified of any accident, injury, trauma, or illness of child/ren Parent/guardian cannot be contacted, this person should be notified of any accident, injury, trauma, and illness of child/ren Parent/guardian cannot be contacted, this person should be notified of any accident, injury, trauma, or illness of child/ren Parent/guardian cannot be contacted, this person should be notified of any accident, injury, trauma, or illness of child/ren Parent/guardian cannot be contacted, this person should be notified of any accident, injury, trauma, or illness of child/ren Parent/guardian cannot be contacted, th														
Parent / Guardian 1 D.O.B:														
Full Name: Email: Parent / Guardian 2 Full Name: D.O.B: Phone Number: Full Name: D.O.B: Phone Number: Phone Number: Phone Number: Permission for this contact to: 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 vallow your child to participate in a different variety of sporting and creative activities. These programs range from Bast Socer, 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 2 Child 1 Child 2 Child 3 Child 1 Child 2 Child	Child 3													
Email: Parent / Guardian 2 Full Name: Email: D.O.B: Phone Number: Authorised Nomince/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: 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 allow your child to participate in a different variety of sporting and creative activities. These programs range from Bask 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 Ch Monday Tuesday Tuesday Thursday Thursday Thursday Thursday														
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Per day Wednesday	A			Monday										
Per day Wednesday	\$25			Tuesday										
Thursday	-			Wednesday										
	10 Week program			Thursday										
Time: 3pm – 6pm Friday	Time:	3pm – 6pm			Friday									

Enrolment cannot be processed without a valid PCYC membership.

Annual Membership: Junior \$10

Visit our website to create a membership: https://www.pcycnsw.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 I	Child 2	C	niia 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 □ / NO □ YES □ / NO □ YES □ / NO □									
2. Does your child have allergies? (If yes please list and attach management plan from your doctor) YES □ / NO □ YES □ / NO □ YES □ / NO □									
	e anaphylactic reactions? anagement plan from your doctor)	YES 🗆 / NO 🗅	YES □ / NO □	YES 🗆	I / NO 🗆				
` • •	anagement plan from your doctor)	YES 🗆 / NO 🗅	YES 🗆 / NO 🗅	YES 🗆	I / NO 🗆				
5. Will your child require staff to administer regular medication? (If yes, please complete the Medical Management form) YES / NO YES / NO									
6. Does your child have any special dietary requirements? (If yes please provide details) YES \(\sigma / \text{NO} \square \text{YES} \square / \text{NO} \square \text{YES} \square / \text{NO} \square \text{YES}									
*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									
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 A	Agreement							
Please read the	following statements carefully and circle yes or		ing and dating this (Certificat	tion:				
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									
	ust provide any medication in its original pacelled. Only Prescription medication with clean			_	Yes				
required clearly labelled. Only Prescription medication with clear Doctors instructions will be administered. 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).									
4. I agree to PCYC staff to take my child/ren off site where required for emergency drills or actual emergencies									
				encies	Yes				
4. I agree to PCYC sta		d for emergency dri		encies					
4. I agree to PCYC sta5. I agree to my child	aff to take my child/ren off site where require	d for emergency dri		encies	Yes				
4. I agree to PCYC sta5. I agree to my child6. I agree to advise sta	aff to take my child/ren off site where require being photographed for promotional and other	d for emergency drier purposes may have.	lls or actual emerge		Yes Yes				
 4. I agree to PCYC sta 5. I agree to my child 6. I agree to advise sta 7. I agree that I will c behaviours. 8. I agree that my chil 	aff to take my child/ren off site where require being photographed for promotional and other aff of any additional support needs my child re	er purposes may have. my child/ren display	Ills or actual emerge	riolent	Yes Yes Yes				
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