

## **BOOKING REQUEST**

SESSION TYPE/S	Full Day Program		Extended Hours				
DAYS & DATES							
COMMENTS							
SUBTOTAL		TOTAL COST					
Child/ren's Full Name		DOB	PCYC Membership Number				
Parent/Guardian & Er	mergency Contact Informat	ion					
Name & Relationshi	ip						
Address							
Phone							
Email							
Second Emergency C	Contact						
Name & Relationshi	ip						
Phone							
Other Adults Authori	ised to Collect						
Name & Relationshi	ip						
Address							
Name & Relationshi	ip						
Address							
HEALTH, MEDICAL CONDITIONS & COMPLEX BEHAVIOUR							
• If your child/ren has been diagnosed with any Health or Medical Conditions, is known to display symptoms of Complex Behavior or demands any Special or Dietary Needs, please fill out the PCYC Health & Medical Form.							







## **PAYMENT DETAILS**

Payment Details (I	f not paying directly at	PCYC)				
Name on Card						
Card Number		S	gnature			
Expiry Date		С	VC Number			
Voucher Details (I	applicable)					
Please Tick	Active Kids	Creative Kids				
Voucher Number						
Bookings will not b	e accepted without pa	yment in full.				
I do not give per Indemnity Statemer I the parent/guardi I agree for my of in the above procommunicate was may be deem medical attentic Centre/enrolled to minimise any physical activity personal injury and I accept the I, the undersign	ent an, have read and agreent child/ward to attend the ogram. In the case of a vith me, to arrange for med necessary. I also used in the program. I under the program. I under the program of personal injury ies carry the risk in accept full responsion aviour during the program in the prog	e to terms and con ne Centre and to un an emergency, I aut my child/ward to r indertake to pay or ort and drugs while erstand that althou y within practical b rsonal injury. I ackr hat will be underta	ditions outledertake all horise PCYC reimburse my child/wigh PCYC aroundaries, anowledge them at the C	ined and: activities and/o c, where it is in medical or sur costs which may ard is attendin dits service pr accidents do ha lat there is an i centre/as part	or to pon practing the revider appen, inherer of the	articipate icable to treatment ncurred for as attempt and all nt risk of program,
Parent/Guardian Na	me	Signat	ure	••••••	Date	
PCYC Staff Member	•••••	Signat	ure	•••••	Date	•••••





# **TERMS & CONDITIONS**

#### **BOOKING AND ENROLMENT PROCESS**

- All participants must be a current PCYC member to take part in the holiday program.
- Full payment is required upon booking.
- Creative and Active Kids Vouchers can be used in some programs.

## **CANCELLATIONS**

 Once booked in for holiday program, all bookings are non – refundable, including change of mind or days. A child can be provided with 'family credit' to the value of booking if a valid medical certificate can be provided for the day scheduled to attend prior to the start of the day.

• A family credit booking can be used within 12 months from the date of issue, however, cannot be used to book into any program that is at full capacity. All bookings are subject to availability.

#### **SIGNING IN AND OUT**

• All participants must be signed in and out of the program each day. You will be asked to check medical details, contact numbers and ensure that the child/ren has adequate food for the day.

• Please provide details of person picking up child/ren at the end of the day on the sign in process. If circumstances are to change then please contact the centre to provide details of who will be picking up if listed differently on the form.

 Children aged 15 and over (only) can be permitted to make their own way home on conditions that:

 A written and signed letter is provided outlining the details by the Guardian, and;

 The individual situation is discussed with the centre manager, who has the ability to approve or not approve each individual case. The participant will still be required to sign themselves out of the program at the end of the day.

## PROGRAM CODE OF CONDUCT

 So that PCYC can ensure that our programs are fun and safe experience for everybody, we have rules in place for participants to follow, explained before the daily activities commence. If your child/ren misbehaves, we will discuss the best course of action with your child/ren's activity officer. Some courses of action may result in expulsion from the program with no refund.

 You can access PCYC NSW Behavioural Standards on www.pcycnsw.org.au or discuss with your local

club.

## **PROHIBITED**

• Drugs, cigarettes and alcohol are not allowed at PCYC any child found using or in possession of these items may be removed from the Centre. Children found in possession of illegal drugs will be reported.

#### **RISK**

 Except for any liability which cannot be excluded by law, PCYC is not liable for any loss or damage suffered by any person as a result of that person's participation in the holiday program.





#### **HEALTH AND SAFETY**

#### **MEDICAL & CONSENT FORM**

 Prior to the school holiday program, you will be required to complete our medical and consent on behalf of your child/ren (if applicable).

 The information you provide on the medical and consent form will help us look after your child/ren's health needs. If your child/ren has an injury or preexisting condition, allergy, special dietary needs or is on prescription medicines, please provide full details on this form.

· PCYC will share the information you provide with your child/ren's activity coordinator.

## **MEDICATION AT PROGRAM**

 Prescription medication can only be administered to the child/ren for whom it is prescribed, from the original container bearing the child/ren's name and with a current use by date. Non-prescription medication cannot be self-administered.

**ANAPHYLAXIS** 

 If your child/ren suffers from anaphylaxis, they should have an anaphylaxis action plan which has been prepared by their doctor. You can download sample plan templates from the Australasian Society of Clinical Immunology and Allergy website. If your child/ren has a plan, please provide it to the club at least three weeks prior to attending the program.

 Children at risk of anaphylaxis need to bring at least one adrenaline auto injector. On catered programs, children with food allergies are required to wear an identifying wristband. This is an added precaution to assist staff when managing situations

where food allergens may be present.

## **DIABETES - INSULIN DEPENDENT**

 Please be aware that PCYC cannot administer insulin at any time.

• Centre staff hold senior first aid accreditations and can administer first aid, if required. If your child/ren requires medical assistance, they will be taken to the nearest medical centre or hospital, and we will notify you. In case of emergencies, parents can contact the club manager in attendance.

## **COMMUNICATION, GRIEVANCE & COMPLAINTS**

 If you need to contact your child/ren whilst he or she is at the program, please contact your child/ren's club to arrange communication with the onsite activity coordinator and club manager.

 If you have any concerns about the program or care received, you can discuss these with the Club Manager. If you feel like this response does not meet your needs, the Club Manager can refer you to PCYC Club Operations.