

## SCHOOL HOLIDAY PROGRAM – THE SHED REGISTRATION FORM

The information contained in this form is used for the following purposes:

1. To contact you in the event of changes to the activity
2. To collate statistics for program evaluation and reporting purposes. Your name **will not** be used
3. To keep you updated on information relating to activities, programs and events

### CONTACT DETAILS

FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

COUNTRY OF BIRTH: \_\_\_\_\_ LANGUAGE/S SPOKEN: \_\_\_\_\_

DOB/AGE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SUBURB: \_\_\_\_\_

POSTCODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### EMERGENCY CONTACT PERSON

NAME (print): \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_

Are you a first-time program user at the Centre	<input type="checkbox"/> No, Existing user	<input type="checkbox"/> Yes, New – date joined: _____
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How did you hear about the program/Centre? \_\_\_\_\_

### OTHER DETAILS (PLEASE TICK)

Do you identify as:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Gender Diverse	<input type="checkbox"/> Not Stated or inadequately described
Do you identify as:	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander (TSI)	<input type="checkbox"/> Aboriginal & TSI	<input type="checkbox"/> Neither <input type="checkbox"/> Not Stated or inadequately described
Employment	<input type="checkbox"/> No	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Self Employed <input type="checkbox"/> Other <input type="checkbox"/> N/A
Do you identify as:	<input type="checkbox"/> Living with a disability	<input type="checkbox"/> Carer for someone with a disability		
Do you identify as Culturally & Linguistically Diverse?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Not Stated or inadequately described	

**CHILD/RENS' DETAILS**

<i>Relationship to Children</i>	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Carer (FDC/Nanny, Foster Carer)	<input type="checkbox"/> Other
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<b>NAME OF CHILD ATTENDING</b> (including surname)	<b>CHILD'S DOB:</b>	<b>GENDER</b>	<b>CULTURE</b>	<b>COUNTRY OF BIRTH</b>	<b>ADDITIONAL NEEDS</b> ie Disability, Allergies, Other (please list)
1.		<input type="checkbox"/> Male	<input type="checkbox"/> Aboriginal		
		<input type="checkbox"/> Female	<input type="checkbox"/> Torres Strait Islander		
		<input type="checkbox"/> Other	<input type="checkbox"/> Both		
		<input type="checkbox"/> Choose not to specify	<input type="checkbox"/> Other (state)		
2.		<input type="checkbox"/> Male	<input type="checkbox"/> Aboriginal		
		<input type="checkbox"/> Female	<input type="checkbox"/> Torres Strait Islander		
		<input type="checkbox"/> Other	<input type="checkbox"/> Both		
		<input type="checkbox"/> Choose not to specify	<input type="checkbox"/> Other (state)		
3.		<input type="checkbox"/> Male	<input type="checkbox"/> Aboriginal		
		<input type="checkbox"/> Female	<input type="checkbox"/> Torres Strait Islander		
		<input type="checkbox"/> Other	<input type="checkbox"/> Both		
		<input type="checkbox"/> Choose not to specify	<input type="checkbox"/> Other (state)		

**TERMS & CONDITIONS AND CONFIRMATION OF CONSENT**

- I agree to pay any fee's
- CPCC promotes inclusivity, respect and diversity. Discriminative, insulting and offensive behaviour will not be tolerated.
- The City of Unley and all staff of Clarence Park Community Centre, whether paid or voluntary, shall be exempt from all liability including any loss, injury or damage sustained by my child while participating in the program.
- I give consent for medical assistance, including that of calling an ambulance for myself or my child without notice to myself, should this be deemed necessary in an emergency, I agree that I will meet the costs of any such assistance.
- Do you give CPCC consent for your information relating to this form to be kept on a secure database and that this information collected, be used for reporting and statistical purposes? **YES** **NO**
- I give consent that in the event of an accident/emergency, the EMERGENCY CONTACT PERSON can be contacted?
- Do you give consent to be added to the CPCC and City of Unley Community Centre mailing list?
- Do you give consent for photos of yourself and/or your children to be used to promote activities at Clarence Park Community Centre and City of Unley, through different mediums including online, social media platforms and printed material?

NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# MEDICAL AUTHORISATION FORM

## CHILD DETAILS

FIRST NAME: \_\_\_\_\_

SURNAME: \_\_\_\_\_

All medication needs to be:

1. In the original container
2. Clearly marked with the Child's name
3. The dosage as per prescribed medication

Over the counter medication must be accompanied by authorisation from a Medical Practitioner with the above-mentioned criteria outlined including a date range for which the medication is relevant.

## PARENT / GUARDIAN TO COMPLETE

Date \_\_\_\_\_

**Only medications prescribed in the child's name can be administered**

Do you consent to your child self-administering their medication (please circle) **YES | NO**

Name of medication: \_\_\_\_\_

Dosage required: \_\_\_\_\_

Type of medication: \_\_\_\_\_

Time to be administered or circumstances to be administered: \_\_\_\_\_

Method of administration: \_\_\_\_\_

I \_\_\_\_\_ (name of parent/guardian), give permission to staff of the Clarence Park Community Centre School Holiday Program to administer the above medication.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(parent/guardian)