

Please read this information prior to registering your child for any workshops



RECREATIONAL SCHOOL HOLIDAY WORKSHOPS for children

Please do not enter the centre or attend workshops if unwell and exercise good hygiene and make use of hand washing and sanitising facilities .

HOW TO BOOK

BOOKINGS ESSENTIAL - as workshops places limited

- 1) **PHONE 8372 5180** to check availability
- 2) **BOOK over phone** (child's name and *age required)
- 3) **PAYMENT** is required within two days of booking to secure workshop places.

We recommend booking early as places are allocated on a first in, first served basis.

NB bookings may lapse and be offered to someone else, if:

- A) workshop fees are not paid within the required time;
- B) we are unable to contact you to follow up payment.

CHILDREN

- WEAR appropriate clothing if this is a messy activity.
- ***AGE LIMITS are not negotiable.** Children must have reached the stated age by their last birthday before the workshop date. Underage children will not be allowed to participate in workshops under any circumstances.

PARENTS

- Sign child into and out of every workshop.
- Pick up child on time or late fee will apply.
- No photographs or filming unless permission is sought.

PAYMENT METHODS

Please note the applicable fee listed for workshops. Payment can be made via:

- * EFTPOS
- * Cash
- * Cheques to "Fullarton Park Community Centre"
- * Direct Deposit - please contact FPCC to discuss

REGISTRATION FORMS

A separate registration form is required for each child. This form must be completed prior to entering the Centre for the workshop. Early submission of registration forms is preferred.

MEDICAL CONDITIONS

We need to be advised of any potential health issues that may arise during a workshop.

Please complete the Medical Information section on the Registration Form. If a Medical Consent form is also required, please request this from FPCC staff.

WORKSHOPS

- All workshops are held onsite at FPCC.
- Content may differ slightly to advertisement under certain circumstances.
- If a workshop is cancelled due to a) minimum numbers not being reached, or b) FPCC being required to cancel the workshop, then workshop fees will be refunded; otherwise no refunds are available.
- Unwell children **cannot** attend workshops.

Please clearly print all required details on this form

REGISTRATION

CHILD'S DETAILS (one child per form only)

First Name: _____ Last Name: _____ *Date of birth: ____ / ____ / ____

Address: _____ *Age: _____

Suburb: _____ Postcode: _____

MEDICAL INFORMATION

1. Does your child suffer from any allergies or medical conditions **NO / YES** (if yes, please state below)
2. Does your child require an EpiPen, Asthma Inhaler or any other medication **NO/ if YES** ☐ attach medical consent form

PARENT / GUARDIAN

I understand and agree to the following statements:

- 1) I have read the **School Holiday Program Terms & Conditions for Fullarton Park Community Centre**;
- 2) My child's age has been correctly listed and my child is within the required age group for the workshops selected;
- 3) The City of Unley and all staff of Fullarton 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;
- 4) I give consent for medical assistance, including that of calling an ambulance for my child without notice to myself, should this be deemed necessary in an emergency, and I agree that I will meet the costs of any such assistance;
- 5) I will sign my child into and out of workshops; I will note the start and finish times of the workshop; and will deliver and collect my child on time; I understand that child-minding fees will apply for late collection of my child.

Parent Name: _____ Parent Signature: _____

Email: _____ Date: _____ Phone: _____

☐ I would like to receive promotional information about other activities happening at Fullarton Park Community Centre

EMERGENCY CONTACT PERSON *(must be an alternative person in case we are unable to reach you)*

Name: _____ Phone: _____

✓	WORKSHOP NAME	AGE RANGE	DATE	START & FINISH	FEE
<input type="checkbox"/>	Dancing through the Decades	5-16	Tuesday 16 April	10 -12pm	\$10
<input type="checkbox"/>	Pottery—Castle	5-16	Wednesday 17 April	10—12pm	\$10
<input type="checkbox"/>	Pottery—Castle	5-16	Wednesday 17 April	12.30-2.30pm	\$10
<input type="checkbox"/>	Decoupage Pot + Bottle Lantern	5-16	Thursday 18 April	10am-12pm	\$10
<input type="checkbox"/>	Pressed Flower Craft	5-16	Thursday 18 April	12.30-2.30pm	\$10
<input type="checkbox"/>	Mario Brothers & Friends Craft ++	5-16	Tuesday 23 April	10am-12pm	\$10
<input type="checkbox"/>	Art Galore	5-16	Wednesday 24 April	10am-12pm	\$10
<input type="checkbox"/>	Musical Theatre	6-10	Friday 26 April	10am-12pm	\$10
			Receipt Number #	TOTAL DUE: \$	