



Registrations close 17th September.
(Regretably late registrations can no longer be accepted,
nor can verbal requests or phone calls)

Don't forget to book early as numbers are limited!

Join us at **Holiday Club** for further adventures in the magical land of Narnia. Edmund, Lucy, and their cousin Eustace meet up with Prince Caspian on the ***Dawn Treader*** as he searches for the seven lost lords of Narnia.

Can they save Narnia from an old enemy?

Enjoy an action-packed week of song, drama, crafts, games, sports, and more as we follow the story of ***The Voyage of the Dawn Treader!***

When?

Monday 24th September to Friday 28th September, 2018

9am to noon daily

Please bring a hat, sunscreen and wear closed shoes.

Morning tea provided. PLEASE NOTE: if your child has/ children have severe allergies please supply them with their own morning tea and named drink container.

Where?

Tamborine Mountain Presbyterian Church Hall,
34 Main Street North Tamborine.

All staff have Blue Cards and are Childsafe certified.

Who?

Prep to Grade 6

How much?

\$30 per child with a maximum of \$100 per family of 4 or more children

As an enrolment requirement the enclosed General and Medical Information Form must be returned with enrolment payment or deposit during office hours or by post.

Enrolment and General and Medical Forms are also available on our website (follow the Holiday Club link):

www.tambopc.org.au

For further enquiries: Contact **Charissa Quinn** 0400 990 500

Please circle method of payment: Cash/cheque/Direct Deposit

Do you require a receipt? Yes No

Please make cheques payable to:

Tamborine Mountain Presbyterian Church Sunday School

or

Deposits (Internet banking). It is **IMPORTANT** to include your **SURNAME** as our reference to identify payment.

Bank	Suncorp
Branch	North Tamborine
BSB	484-799
Acct No	167 867 468

Payment Options:

Payments can be made at Tamborine Mountain Presbyterian Church during the following hours:

Thu 6th September 3:15pm - 4:00pm

Fri 7th September 3:15pm - 4:00pm

Thu 13th September 3:15pm - 4:00pm

Fri 14th September 3:15pm - 4:00pm

or post to:

Holiday Club
PO Box 75
North Tamborine Q4272

HOLIDAY CLUB - GENERAL / MEDICAL INFORMATION ... PART A FORM

PLEASE FILL IN ALL FIELDS, AND INCLUDE AN EXTRA SHEET IF NEEDED

Please return completed Forms A & B to Holiday Club, P.O. Box 75, North Tamborine Q 4272



PERSONAL CONTACT DETAILS:

Family Name: _____

Child's Preferred Name	Age	Male / Female	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Home Address: _____

H: # _____ Wk: # _____ Mb: # _____

Email: _____

Do you consent to appropriate use by us of photographs taken on the program that include your child e.g. inclusion in our advertising, placement on our web page or in a brochure? YES NO

I give permission for my child / children to attend Holiday Club: (please circle days attending)

Full week or Monday Tuesday Wednesday Thursday Friday

Safety and Care Details:

In case of any emergency, please list phone number/s where you, a friend or relative may be contacted during the course of the program.

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____

Is there anyone legally restricted from seeing your child/children? YES NO

Person's name _____ Relationship _____

VARIATION OF ROUTINE:

In the event of wet weather or other circumstances, we may have to use other venues to run activities (Geissmann Oval, Vonda Youngman Community Centre). For this to happen, we will need your permission to walk the children between venues and to participate at the other venue. Suitable supervision will be provided at all times.

I give permission for these changes if needed. YES NO

CHILD COLLECTION: I/We will be collecting our child/children each day. YES

I give permission for my child/children **TO BE COLLECTED** from Holiday Club by _____

Signature of Parent / Guardian: _____

Date: _____

HOLIDAY CLUB - GENERAL / MEDICAL INFORMATION ... PART B FORM

Please return completed Forms A & B to Holiday Club, P.O. Box 75, North Tamborine Q 4272
 Enquiries contact Charissa Quinn M: 0400 990 500 E: rickncharissa@gmail.com

Medical Information: Please give details of your child's medical insurance if applicable:

Insurance Provider _____ Membership # _____

Medicare # _____ # of people on Medicare Card _____ Expiry Date _____

Important: Please note that in regards to non-prescription medications such as paracetamol (e.g. Panadol), it is our policy that team leaders/members do not provide medications.

Medication: Is/are your child/children required to take any medication? YES NO

Name of child/children _____

Details of medication _____

Participation:

Does/do your child/children have any restrictions regarding participation in any activity? YES NO

Please provide details: _____

Information on Relevant Conditions / Allergies

Are there any conditions which require special attention that we should know about e.g. hearing or sight impairment, ADHD, Autism or Aspergers, behaviour issues, formal counselling situations, or any other medical condition, food or plant allergies, allergic reaction with signs of anaphylaxis? YES NO

Please list below: _____

Please provide your own treats if your child/children have food allergies.

PLEASE NOTE: "In the case of contagious illness, please withdraw your child for the recommended period to prevent the spread of the condition".

Your agreement with the Organisation,

I am aware, in signing this document regarding my child/children's participation in Holiday Club, that while the organisation and its leaders will make every reasonable effort, to minimize exposure to know risks, all hazards and dangers associated with these activities, there is still a risk that an accident may occur.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

If other than parent or guardian, please indicate relationship to child: _____

PRIVACY POLICY: Protecting your privacy is important to us. The information we seek allows us to manage risk, provide reasonable care and administer your involvement in our program. We are careful to keep your information confidential, and provide it only to those agents acting on behalf of the organisation who need it to enable them to perform their agreed activities (e.g. the First-Aider-in-Charge). You are welcome to contact our office in relation to issues regarding your personal information.