

FUSE HOLIDAY PROGRAMME 2022

October 3rd to 14th

CHILD ONE'S DETAILS

Child's Name (full name):

Date of Birth:

Age:

Gender:

School:

Year at School:

Home Address:

Medication/Allergies

(Any medication required during programme is to be provided by parent/caregiver):

Dosage:

HOLIDAY PROGRAMME

25 Wakefield Avenue, Sumner, 8081

\$45 per day (let us know what days you require)

\$190 for full week (Monday – Friday)

Days

(Please circle the days of the programme you wish your child to attend)

Week one: Tuesday, Wednesday, Thursday, Friday.

OR

Week two: Tuesday, Wednesday, Thursday and Friday.

**CHILD TWO'S DETAILS
(IF APPLICABLE)**

Child's Name (full name):

Date of Birth:

Age:

Gender:

School:

Year at School:

Home Address:

Medication/Allergies

(Any medication required during programme is to be provided by parent/caregiver):

Dosage:

HOLIDAY PROGRAMME

25 Wakefield Avenue, Sumner, 8081

\$45 per day (let us know what days you require)

Days

(Please circle the days of the programme you wish your child to attend)

Week one: Tuesday, Wednesday, Thursday, Friday

OR

Week two: Tuesday, Wednesday, Thursday or Friday

**CHILD THREE'S DETAILS
(IF APPLICABLE)**

Child's Name (full name):

Date of Birth:

Age:

Gender:

School:

Year at School:

Home Address:

Medication/Allergies

(Any medication required during programme is to be provided by parent/caregiver):

Dosage:

HOLIDAY PROGRAMME

25 Wakefield Avenue, Sumner, 8081

\$45 per day (let us know what days you require)

Days

(Please circle the days of the programme you wish your child to attend)

PARENT/CAREGIVER'S DETAILS

Parent/Caregiver 1

Parent Full Name:
Relationship to Child:
Home Phone Number:
Mobile Number:
Email:
Home Address:
Suburb:

Parent/Caregiver 2 (if applicable)

Parent Full Name:
Relationship to Child:
Home Phone Number:
Mobile Number:
Email:
Home Address:
Suburb:

EMERGENCY CONTACT INFORMATION

(please provide two contacts different from above)

Emergency contact person 1

Full Name:
Relationship to Child:
Emergency Daytime Phone:
Emergency Cellphone:

Emergency contact person 2

Full Name:
Relationship to Child:
Emergency Daytime Phone:
Emergency Cellphone:

OTHER INFORMATION

Additional people authorised to collect my child:

Name(s):

Relationship(s) to Child:

People who may not collect my child (possibly due to custodial issues):

Name(s):

Relationship(s) to Child:

Will you be applying for WINZ?: (Please circle)

Yes / No

I give my child/ren permission to sign themselves out: (Please Circle)

Yes / No

Any Additional Comments:

AGREEMENT / SUBMISSION

I have read and accept the Holiday Programme T's & C's – Found on the website:

(Please circle)

Yes / No

I give permission for Fuse to use photos of my child in promotional material:

(Please circle)

Yes / No

Any Questions/Comments: