**FUSE HOLIDAY PROGRAMME 2023**

**January 16th-20th & 23rd-27th**

**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: Monday, Tuesday, Wednesday, Thursday, Friday

 OR**

**Week two: Monday, Tuesday, Wednesday, Thursday, 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: Monday, Tuesday, Wednesday, Thursday, Friday

 OR**

**Week two: Monday, Tuesday, Wednesday, Thursday, 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:**