

Holiday Wellbeing Program (HWP) Enrolment Form

CHILD INFORMATION

Child/ren aged 5 – 12yrs or Prep to Yr6 at School

Child's Name	Date of Birth	Age	Gender	Class	Cultural background	Any special interests or hobbies

Please tick/ select which days you would like you child/ren to attend.

WEEK ONE

	Monday	Tuesday	Wednesday	Thursday	Friday
Refer to Program activities and times.					No program

WEEK TWO

	Monday	Tuesday	Wednesday	Thursday	Friday
Refer to Program activities and times.					No program

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PARENTS/GUARDIANS INFORMATION

	Full Name	Mobile /Work Phone	Email address (if possible, for one contact)	Who you would Preferer us to contact first. (order 1-3)
Mother				
Father				
Other Carer				

Home Address:

Are there any Custody / Parenting / Domestic Violence orders or plans in place that we need to know about?

YES / NO

If yes, please ensure a copy is provided to the service.

Emergency Contacts

I give the following emergency contacts authorisation to collect my child /ren if I cannot be contacted:

Full Name	Mobile/ Phone	Relationship to the child

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<p>Medical Conditions / Disability – Does your child/ren have any medical conditions or a disability we need to know about?</p> <p>Medication with side effects impacting on child?</p> <p>Asthma?</p> <p>Epilepsy?</p>	<p>YES / NO If yes, please provide details.</p> <p>YES / NO If yes, please provide details.</p> <p>YES / NO If yes, please provide a copy of plan.</p> <p>YES / NO If yes, please provide a copy of plan.</p>
<p>Additional needs – Does your child/ren have any additional needs? eg sensitivity to noise, ADHD, Anxiety etc?</p>	<p>YES / NO If yes, please provide details.</p>
<p>Behaviour support plan – If your child/ren has a behaviour support plan at school or any other support needs, please share any plans with us so we can be working consistently with what is already have in place to best support your child and help them enjoy the program.</p>	<p>YES / NO</p> <p>If yes, please provide details. or give consent to request a copy of plan from school.</p> <p>YES / NO</p>
<p>Allergies / Anaphylaxis / Intolerance – Does your child/ren have any allergies, anaphylaxis, or intolerance (including allergies to sunscreen, antiseptics, nuts, gluten, eggs, bees, or grass etc)?</p> <p>Does your child/ren carry an EpiPen?</p>	<p>YES / NO If yes, please provide details / supply a copy of the child’s action plan.</p> <p>YES / NO</p>
<p>Emergency Details – In the event of an emergency, illness or accident concerning my child/ren, I give consent NI-Connect to seek and provide emergency medical or hospital treatment. I accept liability for any expenses that may be required and give consent for my child/ren to be transported by ambulance.</p>	<p>YES / NO</p>
<p>Cultural & religious considerations – Does your child/ren have any cultural or religious practices we need to be aware of ?</p>	<p>YES / NO If yes, please provide details.</p>

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Photographs and Videos – Do you agree that photographs and videos of your child taken at the HWP may be used in NI-Connect and/or Key Assets publications, website or for other promotional and education purposes.	YES / NO
Swimming – How well would you rate your child/ren swimming ability? (please circle)	Weak Medium Strong
Reason for enrolling child/ren- could you please tell us why your child/ren are attending the program? (please circle) Please note: this is for data collection purposes only	Working full-time / Working part-time Socialisation / child/ren to try new interest Be supervised / child/ren enjoy attending Other: -

Privacy Statement

NI-Connect collects personal information as requested in this form for the purpose of registering your child in the Holiday Wellbeing Program. This information will be used only for the program and administration purposes and to contact you in an emergency. Personal information will not be disclosed to any other party without your consent except where is required by law.

By signing this form, you confirm that the details provided in this form is current and you will advise us if anything changes.

Signature:

Print Name:

Date:

OFFICE USE ONLY

Date enrolment form received:	Copies attached	Not applicable/comments	
Court orders – Custody / Parenting / Domestic Violence			
Asthma Action Plan			
Allergy plan			
Epilepsy Action Plan			
Anaphylaxis Action Plan			
Behaviour Support Plan			
New to Program	YES / NO		
Date enrolment confirmed:		Maria Massey Ann Pataki	Staff signature