



HOLIDAY CARE ENROLMENT SEPTEMBER/OCTOBER 2017

CONFIDENTIAL DETAILS, CHILD 1

First Name(s):				
Surname:				
Northside	ELC	Southside	Junior School	Year Level 2017:
Child CRN:		Child DOB:		
Medical Conditions:		Dietary Requirements:		

CONFIDENTIAL DETAILS, CHILD 2

First Name(s):				
Surname:				
Northside	ELC	Southside	Junior School	Year Level 2017:
Child CRN:		Child DOB:		
Medical Conditions:		Dietary Requirements:		

CONFIDENTIAL DETAILS, CHILD 3

First Name(s):				
Surname:				
Northside	ELC	Southside	Junior School	Year Level 2017:
Child CRN:		Child DOB:		
Medical Conditions:		Dietary Requirements:		

CCB/CCR REGISTERED PARENT/GUARDIAN 1 DETAILS

Relationship to the child(ren): Mother Father Other

Are you the parent/guardian registered to claim Childcare benefit (CCB) and/or Childcare Rebate through the Department of Human Services? Yes No

Surname:	First name:
Date of birth:	Parent CRN:
Address:	
Mobile:	Work phone:
Email:	

PARENT/GUARDIAN 2 DETAILS

Relationship to the child(ren): Mother Father Other

Surname:	First name:
Date of birth:	Parent CRN:
Address:	
Mobile:	Work phone:
Email:	

BOOKING INFORMATION

WEEK 1		Tue 26 Sep	Wed 27 Sep	Thu 28 Sep	Fri 29 Sep
WEEK 2		Tue 3 Oct	Wed 4 Oct	Thu 5 Oct	Fri 6 Oct

PERMISSION FORM AND EXCURSIONS

ALL CHILDREN

I give permission for my child(ren) to watch PG rated Movies.

Signed:

Date:

ALL CHILDREN

I give permission for my child(ren) photos to be used in:

Reflections/Portfolio Yes No

CGS Connect Yes No

Promotional Material Yes No

Signed:

Date:

ALL CHILDREN

I give permission for my child(ren) to participate in the following activity:

WALK TO MOUNTAINS AND PARKS AROUND THE LOCAL AREA

Signed:

Date:

SOUTHSIDE/ELC/NORTHSIDE

I give permission for my child(ren) to participate in the following activity:

LET'S PLAY

Date: Tuesday 26 September

Transport: Q City Transit Group

Departure Time Approx: 10:00am

Return Time Approx: 1:30pm

Signed:

Date:

JUNIOR SCHOOL YEARS 2-4 & YEARS 5-7

I give permission for my child(ren) to participate in the following activity:

POWER KARTS

Date: Tuesday 26 September

Transport: Q City Transit Group

Departure Time Approx: 1:00pm

Return Time Approx: 4:00pm

Signed:

Date:

JUNIOR SCHOOL YEARS 2-4 & YEARS 5-7

I give permission for my child(ren) to participate in the following activity:

SKYZONE BELCONNEN

Date: Wednesday 27 September **Transport:** Q City Transit Group
Departure Time Approx: 10:00am **Return Time Approx:** 1:30pm

Signed:

Date:

SOUTHSIDE/JUNIOR SCHOOL YEARS 2-4 & YEARS 5-7

I give permission for my child(ren) to participate in the following activity:

GREATER UNION MANUKA

Date: Thursday 28 September **Transport:** Walking or if raining Q City Transit Group
Departure Time Approx: 10:00am **Return Time Approx:** 2:00pm

Signed:

Date:

ELC/SOUTHSIDE/NORTHSIDE

I give permission for my child(ren) to participate in the following activity:

BELCONNEN BIKE PARK

Date: Friday 29 September **Transport:** Q City Transit Group
Departure Time Approx: 10:00am **Return Time Approx:** 1:30pm

Signed:

Date:

JUNIOR SCHOOL YEARS 2-4 & YEARS 5-7

I give permission for my child(ren) to participate in the following activity:

BELCONNEN SKATE PARK

Date: Friday 29 September **Transport:** Q City Transit Group
Departure Time Approx: 10:00am **Return Time Approx:** 1:30pm

Signed:

Date:

ELC/SOUTHSIDE/NORTHSIDE

I give permission for my child(ren) to participate in the following activity:

COCKINGTON GREEN

Date: Tuesday 3 October **Transport:** Q City Transit Group
Departure Time Approx: 10:00am **Return Time Approx:** 1:00pm

Signed:

Date:

JUNIOR SCHOOL YEARS 5-7

I give permission for my child(ren) to participate in the following activity:

PHILLIP ICE SKATING

Date: Tuesday 3 October

Transport: Q City Transit Group

Departure Time Approx: 1:00pm

Return Time Approx: 4:00pm

Signed:

Date:

JUNIOR SCHOOL YEARS 5-7

I give permission for my child(ren) to participate in the following activity:

LUNCH AT BELLUCI'S

Date: Thursday 5 October

Transport: Walking

Departure Time Approx: 1:00pm

Return Time Approx: 2:00pm

Signed:

Date:

SOUTHSIDE/NORTHSIDE

I give permission for my child(ren) to participate in the following activity:

CANBERRA THEATRE

Date: Thursday 5 October

Transport: Q City Transit Group

Departure Time Approx: 11:00am

Return Time Approx: 1:30pm

Signed:

Date:

ELC ONLY

I give permission for my child(ren) to participate in the following activity:

WALK TO MANUKA PARK

Date: Friday 6 October

Transport: Walking

Departure Time Approx: 10:30am

Return Time Approx: 1:00pm

Signed:

Date:

SOUTHSIDE/NORTHSIDE/JUNIOR SCHOOL YEARS 2-4 & YEARS 5-7

I give permission for my child(ren) to participate in the following activity:

GREATER UNION MANUKA

Date: Friday 6 October

Transport: Walking/ Q City Transit Group

Departure Time Approx: 10:00am

Return Time Approx: 2:00pm

Signed:

Date:

JUNIOR SCHOOL YEARS 2-4 & YEARS 5-7

I give permission for my child(ren) to participate in the following activity:

Go Swimming at CGS POOL

Non Swimmer	Can swim unaided 25 Mtrs
Can float	Can swim unaided 50 Mtrs
Can swim correct style for 10 Mtrs	Can swim unaided 100 Mtrs

Signed:

Date:

PLEASE NOTE:

- **Children cannot participate in the excursion without signed consent from a parent/guardian**
- While on excursions ratios are maintained at 1:8 or 1:5 near water, or below at all times. A risk assessment has been prepared and is available for all excursions; and
- All payments for CGS Care Services are to be made by direct debit. Forms are available on CGS connect at ELC Reception or by emailing cgscare@cgs.act.edu.au

Parent/Guardian 1 Name:

Parent/Guardian 1 Signature:

Date:

Parent/Guardian 2 Name:

Parent/Guardian 2 Signature:

Date:

Please return completed form to cgscare@cgs.act.edu.au or to any School reception.