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| **Holiday Action Enrolment Form** |
|  **Program Details**  |
|  **Year** : July 2021 |  |
|  **Young Persons Details** |
|  First name: | Last Name : | Preferred Name: |
|  Age: | Date of Birth: | Young Persons Contact Number: |
|  Address: | Suburb: |
|  **Has the young person attended Holiday Action IN APRIL 2021? Yes □ No □** **PLEASE NOTE: If you have NOT attended the APRIL holiday 2021, or are new to youth services**  **THE YOUTH INFORMATION FORM MUST BE COMPLETED DURING THIS ENROLMENT:** (parent/grandparent/guardian/worker to complete). |
| **Program Details**  |
|  | **Date** | **Activity** | **Price** | **Tick** | **Cost** |
|  **Week 1** | **MONDAY 28TH JUNE 2021** | **CUPCAKE DECORATION- ONLINE** |  |  | FREE |
|  | **TUESDAY 29th JUNE 2021** | **WHEELCHAIR FOOTBALL @ EAGLE STADIUM** |  |  | FREE |
|  | **THURSDAY 1ST JULY 2021** | **BOUNCE EXCURSION**  |  |  | FREE |
|  | **FRIDAY 2ND JULY 2021** | **LIZZY’S LIZARDS @ YRC** |  |  | FREE |
|  **Week 2** | **MONDAY 5TH JULY 2021** | **MOVIES & SHOPPING****Please tick highest movie rating permitted:****□ PG □ M □ MA**  |  |  | FREE |
|  | **WEDNESDAY 7TH JULY 2021** | **STEAM WORKS ROBOTICS/ CRAZY CHEMISTRY @ YRC**  |  |  | FRE |
|  | **THURSDAY 8th JULY 2021** | **STEAM WORKS ROBOTICS/ CRAZY CHEMISTRY @ YRC** |  |  | FREE |
|  | **FRIDAY 9TH JULY 2021** | **ICE SKATING @ MEDIBANK ICEHOUSE** |  |  |  |
|  **\*\*** *Note:* If your child has some medical conditions, injuries, ailments, physical or mental disabilities that may affect their participation, a medical certificate with the doctors approval may be required. | Total  | $ |
|  **Health and Wellbeing**  |
| Does the Young Person have (please tick): **Asthma** **□ Allergies □ Epilepsy □ Medication □ Please complete Medical/Health Information form** **2)** Does the Young Person have, (**or currently have /requires supports in place) regarding: mental/ emotional/ behavioural requirements.**  **(Please tick) No Yes □ If yes Please complete the Supplementary information form**Does the Young Person have any dietary requirements? ? Yes □ No □ if yes, please state\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  **Parent or Guardian Details**  |
|  Name | Contact Number |
|  **Please complete the following questions** |
|  **SWIMMING ABILITY:**  **Please tick participants ability Non-swimmer □ Intermediate □ Experienced**  **LEAVING THE PROGRAM: Is the young person allowed to leave at the end of the program or excursion alone? Yes □ No □**  **If no , Name of person picking up young person.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Contact number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Please note: Parents/Guardians may be charge $5 for additional five minutes the young person remains after the end of the program, as per booking procedures.** **EMERGENCY CONTACT (other than parent /guardian). Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Do you allow photographs/video footage to be taken of the young person during holiday action? yes □ no □  |

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|  **Supervision**  |
| * Please be aware that Holiday Action does not provide direct individualised supervision of Young People while on program, unless specifically requested (i.e. for Young People with Additional Needs). There will be a minimum staff supervision ratio of 1 program staff to 15 young people with two staff being present at all times.
* Young People have the freedom to explore the venues we attend (within boundaries set by staff), generally in small groups. All due care will be exercised by the leaders, however we are attending venues where young people will interact with each other and the general public. Young People are more than welcome to remain with staff (where possible) during the activities but be aware that It is the equal responsibility of both the staff members and the young person to ensure that they engage with the group and that young people will be restricted and may not be able to complete activities of their choice
* A staff member will be available at all times, remaining in one location for the duration of the day with the remaining staff interacting with the young people and engaging in the activities. Participants will be given a wristband with staff contact numbers, a map (where appropriate) and any additional information as required. Participants will also be required to meet at certain times throughout the day to check in. Should a participant not check in at appropriate times, after 10 mins we will call the parents/emergency contact and after 15-20 minutes we will contact the police.
* There is a maximum of three warnings given per young person. If the young person exceeds three warnings they will be asked to leave the program and parents will be notified. If the behaviour is of a serious nature parents will be notified and the young person will be immediately removed from the program.
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|  **Requirements**  |
| * The Young Persons will need to supply their own snacks, lunch (unless provided), drinks and are able to bring spending money but that it is their responsibility.
* The Young Person/s will adhere to the Wyndham City’s Youth Services Sun smart Policy.
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|  **Sharing your Information** |
|  Youth Services at Wyndham City are collecting this personal, sensitive and health information to:* Ensure young people are supported during specific program and general service delivery
* Assist Youth Services with strategic program and service planning, delivery and evaluation.
* Create an opportunity to provide you with promotional material about the services and programs

 Youth Services staff shall enter this information into a database for data collation. |
|  **How your Information will be Used**  |
|  The personal, sensitive and health information collected will be used by Youth Services within Wyndham City for the primary purposes stated above or a directly related  purpose. The information you provide shall remain private within Council unless disclosure is required by law, or consented to by you. You may apply for access and/or  amendment of the information by writing to the Wyndham City Privacy Officer. |
|  **Agreement on your Responsibilities and Information** |
| * Agree to the points as noted in the ‘Supervision’ section
* Agree to the points as noted in the ‘Requirements’ section
* Consent to the collection and use of information and privacy statements as noted in the ‘Sharing your Information’ section
* Consent to the statement as noted in the ‘How your Information will be Used’ section.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name) the parent/grandparent/guardian/worker of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (young person’s name) hereby sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature) to state my acceptance and consent to the points outlined above on \_\_\_\_\_\_\_\_\_\_\_ (date). |
|  **Office use only** |
| NAR □ | CRM □ | Scanned □ | Filed in CRM □ |

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