**IN TERM programs (Pages 1-3 Parents/ Guardian COPY)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ACTIVITIES** | **CHILD #1** | **CHILD #2** | **CHILD #3** | **CHILD #4** |
| Mondays08.08.16 – 29.08.16 | KIDZ YOGA & MANDALA ART(Wickham Amenities Building- Oval)3.30- 4.15pm**Age: 4-6 years**4 weeks = $40pp | [ ]  | [ ]  | [ ]  | [ ]  |
| Mondays08.08.16 – 29.08.16 | KIDZ YOGA & MANDALA ART(Wickham Amenities Building- Oval)4.30- 5.15pm**Age: 7-11 years**4 weeks = $40pp | [ ]  | [ ]  | [ ]  | [ ]  |
| Fridays 05.08.16- 23.09.16 | MINI ATHLETICS(Wickham Amenities Building- Oval)4-5pm**Age: Pre-Primary- Yr 6**8 weeks = $80pp | [ ]  | [ ]  | [ ]  | [ ]  |

**Please check each program for individual pricing per child, siblings receive a 10% discount each.**

**ENROLMENT DETAILS**

* Enrolments open **Tuesday 19th July 2016**
* Programs run on the allocated days and may be subject to change at short notice
* Please check the age requirements for each program
* Please check the location of each program as they may vary
* Full payment is required at the time of enrolment
* No phone bookings will be accepted. Forms that are emailed must have credit card details attached.
* Please choose carefully as there will be NO REFUNDS.

**ACTIVITY Information**

* Sessions start promptly, please check Drop off times and Pick up times so as not to miss out.
* Please ensure you sign your child in and out of the day’s activities.
* If children are old enough to arrive and leave without parent/ guardian supervision you MUST complete a permission form, please speak with the Recreation Programs Officer or Program Staff prior to your child’s first session.
* Drop off and Pick up is at **the venue specified depending on the program selected.**
* Planned activities are subject to minor changes without notice.
* A $10 fee per 15 minutes will apply where children are picked up after the session ends without notification.
* Mini Athletics is a program related to all the skills used in Athletics, providing children with a fun environment rather than competitive, which coaches the rpinicples of Athletics- Run, Hop, Skip, Jump & Throw.
* All equipment will be provided for programs.
* Any equipment brought to the session by participants, MUST be clearly labelled and in good condition, however the city of Karratha will not be responsible for this equipment should it be lost, damaged or cause injury to anyone.
* Please ensure your child arrives with appropriate attirefor the activities.
* All personal items MUST be marked with their name.
* Children are expected to bring their own water.
* Sessions may be cancelled with prior notice due to bad weather and either relocated or re-scheduled.
* ***ALL OUR PROGRAMS HAVE A ‘NO NUTS’ POLICY, THANK YOU.***
* **PLEASE MAKE SURE THAT YOU ADVISE WRP STAFF OF ANY MEDICAL ISSUES YOUR CHILD MAY HAVE.**

**What to Bring/Wear:**

|  |
| --- |
| ***EACH SESSION*** Drink bottle* Appropriate footwear & clothing for Mini Athletics
 |

**Behaviour Policy**

Our goal is to provide activities suitable for school aged children of all backgrounds and abilities, whilst providing:

* A safe and engaging environment
* A variety of fun and exciting activities
* Effective supervision for the duration of the activities
* Enforcing a behaviour management system based on positive reinforcement, ample warnings for negative behaviour and acknowledgement of achievement.

The *THREE STRIKE WARNING SYSTEM* is acknowledged and enforced by the Wickham Recreation Precinct staff across all child-oriented activities.

1. **First Warning**: The child is verbally made aware of their inappropriate behaviour and why it is not appropriate.
2. **Second Warning**: The child is verbally informed about their continuing behaviour and removed from the group. They are placed in ‘timeout’ for five minutes prior to returning to the group,
3. **Third Warning**: If the child continues to demonstrate inappropriate behaviour, the holiday staff will contact their parent/ carer for immediate collection of the child.

**Strikes**:

* A third warning represents one strike. Additional strikes will be recorded for the duration of the program. Three strikes on separate activity days will result in expulsion for remaining program.
* If a strike is given to a child, this will be immediately communicated to the parent or carer. As expulsion is the last resort, program staff will meet with the parent or carer of a child who has received one or more strikes to discuss a resolution. Should an expulsion occur however, there will be NO REIMBURSEMENTS and careful consideration will be taken when accepting the child in future activities and term programs.

**Applicant Information**

|  |
| --- |
| **APPLICANT INFORMATION** |
|  | **CHILD # 1** | **CHILD # 2** | **CHILD # 3** | **CHILD # 4** |
| **Surname:** |  |  |  |  |
| **First Name:** |  |  |  |  |
| **Date of Birth:** |  |  |  |  |
| **Age:** |  |  |  |  |
| **Name of Parent/Guardian:** **(1st Emergency Contact)** |  |
| **Address:** |  |
| **Email Address:** |  |
| **Telephone:** | **H:** | **W:** | **M:** |
| **Alternate Emergency Contact:** | **Name:** | **Tel:** |
| [ ]  [ ] **Yes No** | **Would you like to receive Emails from Wickham Recreation Precinct with information and application forms for future School Holiday and Term Programs?** |

**MEDICAL Information**

|  |
| --- |
| **MEDICAL DETAILS/ FOOD ALLERGIES** |
| Please indicate any medical, food allergies and/or behavioural conditions that your child/children currently have or have had. |
| **Child’s name** | **Condition** | **Medication?**  |
|  |  | [ ] Yes [ ] No [ ] N/aDetails of administration: |
|  |  | [ ] Yes [ ] No [ ] N/aDetails of administration: |
|  |  | [ ] Yes [ ] No [ ] N/aDetails of administration: |
|  |  | [ ] Yes [ ] No [ ] N/aDetails of administration: |

**PERMISSION TO PROVIDE MEDICATION TO CHILDREN LISTED:**

|  |  |  |
| --- | --- | --- |
| Parent Name: |  | Signature: |

**IN TERM program sessions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ACTIVITIES** | **CHILD #1** | **CHILD #2** | **CHILD #3** | **CHILD #4** |
| Mondays08.08.16 – 29.08.16 | KIDZ YOGA & MANDALA ART(Wickham Amenities Building- Oval)3.30- 4.15pm**Age: 4-6 years**4 weeks = $40pp | [ ]  | [ ]  | [ ]  | [ ]  |
| Mondays08.08.16 – 29.08.16 | KIDZ YOGA & MANDALA ART(Wickham Amenities Building- Oval)4.30- 5.15pm**Age: 7-11 years**4 weeks = $40pp | [ ]  | [ ]  | [ ]  | [ ]  |
| Fridays 05.08.16- 23.09.16 | MINI ATHLETICS(Wickham Amenities Building- Oval)4-5pm**Age: Pre-Primary- Yr 6**8 weeks = $80pp | [ ]  | [ ]  | [ ]  | [ ]  |

|  |
| --- |
| **PERMISSION TO BE PHOTOGRAPHED** |
| Do you give permission for photos to be taken for display and publicity purposes, including advertisements, brochures, website, and social media? |
|  | **CHILD # 1** | **CHILD # 2** | **CHILD # 3** | **CHILD # 4** |
|  | YES [ ]  NO [ ]  | YES [ ]  NO [ ]  | YES [ ]  NO [ ]  | YES [ ]  NO [ ]  |
| **Parent/GuardianSignature:** |  |

|  |
| --- |
| **TERMS & CONDITIONS** |
| To provide a well organised and safe program, the following conditions have been devised. Your cooperation in complying with the following conditions will assist us to provide safe and enjoyable Program for your children.I understand and agree to the procedure of fee payments, refunds and penalty payments as set out below:* All parents must keep their registration form details up to date.
* Fees are to be paid in advance when booking a place.
* Choose carefully as there are **NO REFUNDS**.
* If a child is collected late without a good reason there will be a charge of $10 per quarter hour, per child.
* Should the child/ children need picking up by anyone other than the applicant or emergency contact, they will not be released from the care of Wickham Recreation staff unless prior written authority has been provided.

**MEDICATION**If your child requires medication or drugs whilst at Wickham Recreation Precinct, these must be given to a member of staff to be secured and the procedures for administering drugs must be followed. Under no circumstances must a child keep medication in their bags or lunchboxes or administer them themselves.The medication permission section will need to be filled out and signed by the parent/guardian stating the dosage and the frequency for each medication and whether the child needs assistance to administer. **CHILD’S PARTICIPATION*** I will not bring my child if they are ill and/or unable to participate in the regular activities of the program.
* I have read Wickham Recreation Precincts Behaviour Policy (above) and agree with Wickham Recreation Precincts staff members following the procedures outlined.
* I understand that if my child/children continually behave in an inappropriate manner I will be required to collect them and they may be excluded from future activities.
 |
| **DECLARATION** |
| I confirm that I have read, understood and agree to the information provided pertaining to my child/children’s participation in the Wickham Recreation Precinct Program. I have disclosed all relevant information regarding physical, mental or other health conditions which could be aggravated, worsened or impacted by physical exercise or participation in activities by my child/children.I have read and agree to the Wickham Recreation Precincts Behaviour Policy (above).I agree that the City of Karratha, Wickham Recreation Precinct and its officers, leaders and staff shall be released from and shall not incur any responsibility or liability whatsoever for any accident or injury to the participant(s) or any damage or loss of property of the participant(s).

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:**  |  | **Date:** |  |

 |

**If enrolling via Email, please fill out your credit card details below:**

|  |
| --- |
| **PAYMENT METHOD** |
| **Amount Paid: $** |  Visa MasterCard |
| **Card Number:**  | **CCV #** |
| **Name on card:** | **Expiry: \_\_\_\_\_/\_\_\_\_\_** |
| **Signature:** | **Date: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_** |

**Return completed form to the Programs Department:**

**Post:** PO Box 219 Karratha WA 6714

**In person:** Wickham Recreation Precinct- Carse Street, Wickham, WA, 6720

**Email:** Claire.hale@karratha.wa.gov.au

|  |
| --- |
| **OFFICE USE ONLY** |
| Receipt Attached: | [ ]  YES | Staff Member: |  |
| Date Paid in Full: |  | Payment Method: |  |
| Pages 1-3 provided to Parent/ Guardian | [ ]  YES | Staff Member: |  |