



THE RISE
28 EIGHTH AVENUE MAYLANDS WA 6051
PHONE: (08) 9208 2400
EMAIL: rise@bayswater.wa.gov.au
POSTAL ADDRESS: PO BOX 467 Morley WA 6943

THE RISE SCHOOL HOLIDAY CLINIC REGISTRATION FORM

October 2020

SECTION 1: Personal Details

Child Name: _____ Age: _____ D.O.B: _____
 Child Name: _____ Age: _____ D.O.B: _____
 Child Name: _____ Age: _____ D.O.B: _____
 Parent/Guardian: _____
 Contact Number: _____
 Email address: _____
 Address: _____
 School: _____
 Emergency Contact: _____ Phone number: _____

Office Use Only

Date Received: ___/___/___

Staff Member: _____

(Other than parent/guardian listed above)

SECTION 2: Medical Information

Does your child have any medical, physical or intellectual problems that may affect them during the program that we should be aware of? Yes No Please provide details: _____

Is your child currently taking any medication? Yes No

If yes, please describe: _____

Would you like staff to look after this medication for the duration of the clinic? Yes No

*If yes, please label and place in a clear zip-lock bag.

SECTION 3: Sign in/sign out process

A parent/guardian must be present prior to each clinic to sign each child in, and at the conclusion of each class to sign them out.

Will you be the parent/guardian signing in your child at the commencement of each clinic? YES NO

If no, please provide details of the person who will bring your child to the centre on the particular day/s:

Will you be the parent/guardian signing your child out at the conclusion of each clinic? YES NO

If no, please provide details of the person who will be collecting your child from the centre on the particular day/s:

SECTION 4: Photograph Permission

Staff at The RISE may take photographs of children which may be displayed at the centre, on The RISE website, placed in The RISE publications or promotional material, or for any other purpose aligned to The RISE business operations. Do you give permission for the RISE staff to take photographs of the clinic which may include your child?

Yes **No**

SECTION 5: Enrolments (Please circle each clinic you wish to enrol in)

	Date	Clinic	Time	Cost	Children's Names
Week 1	Mon 28 th Sep	P/H			
	Tues 29 th Sep	Science Experiments	1 – 4pm	\$22.50	
	Wed 30 th Sep	Basketball	9 – 12pm	\$20	
	Wed 30 th Sep	Cooking (Make your own pies)	1 – 4pm	\$25	
	Thurs 1 st Oct	Lego	9 – 12pm	\$20	
	Thurs 1 st Oct	Soccer	1 – 4pm	\$20	
	Fri 2 nd Oct	Table Tennis, Pickleball,	9 – 12pm	\$20	
Week 2	Mon 5 th Oct	Cooking (Mexican)	1 – 4pm	\$25	
	Tues 6 th Oct	Recycle your way to a Sustainable Future	9 – 12pm	**	
	Tues 6 th Oct	Arts & Crafts	1 – 4pm	\$22.50	
	Wed 7 th Oct	Lego	9 – 12pm	\$20	
	Wed 7 th Oct	Science (Playdough Volcano)	1 – 4pm	\$22.50	
	Thurs 8 th Oct	Basketball	9 – 12pm	\$20	
	Thurs 8 th Oct	The Amazing Race	1 – 4pm	\$20	
	Fri 9 th Oct	Soccer	9 – 12pm	\$20	

SECTION 6: How did you hear about us?

Website Cinema Ad Facebook BuggyBuddys Newspaper Flyer Other (please state)

SECTION 7: Declaration

By enrolling my child/children in The RISE School Holiday Clinics, I agree to the following terms and conditions:

1. Enrolment is not confirmed until payment of the full registration fee.
2. In the case of my child/children participating in 2 classes on the same day with a break in between I will arrange my own supervision for my child/children during this time and not hold The RISE responsible to supervise my child/children.
3. Parent/guardians must be present to sign in their child/children at the commencement of each class and sign out their child/children at the conclusion of each class. If I cannot be present for sign in/out, I have named a person to do this in my place and give permission for The RISE staff to release my child/children into this person's care.
4. It is the parent/guardians responsibility for informing The RISE staff in detail of any medical conditions that may affect my child/children's participation in the activity.
5. In the event of an accident or illness suffered by my child/children, the organisers of The RISE clinics are authorised to obtain on my behalf, such medical assistance that my child may require and I agree to reimburse the organisers for any expense incurred.
6. The RISE, its staff and volunteers will take all reasonable care of my child/children and will not be held responsible for any damage and/or loss of property and/or accident.
7. The RISE reserves the right to suspend or expel children from its programs for behaviour that is deemed inappropriate.
8. Full payment must be received at time of enrolment.
9. This enrolment is only valid for The RISE October 2020 Holiday Clinics.
10. If a child does not attend the specified Holiday Clinic the purchase will be forfeited and is not transferable into future programs at The RISE. A written request for refund may be submitted and must include any supporting evidence (e.g. Medical Certificate). Approval is at the discretion of management.

Parent/Guardian Signature: _____

Date: _____

Office Use ONLY

Enrolment

TOTAL WEEKS 1 & 2:\$ Method: *Cash* *Chq* *Eftpos* Receipt No: Date: Staff: