



SCHOOL HOLIDAY PROGRAM
Enrolment Form - April 2025

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***The RISE, Maylands WA***

	Date	Clinic	Time	Duration	Cost	Child's name
Week 1	Mon 14 th April	Science Workshop	1pm-4pm	3 Hrs	\$30.90	
	Tues 15 th April	Basketball #1	9am-12pm	3 Hrs	\$30.90	
	Wed 16 th April	Lego & Cinema	1pm-4pm	3 Hrs	\$30.90	
	Thurs 17 th April	Easter Craft	1pm-4pm	3 Hrs	\$30.90	
Good Friday Public Holiday – No Clinics						
Easter Monday Public Holiday – No Clinics						
Week 2	Tues 22 nd April	Dance & Disco	9am-12pm	3 Hrs	\$30.90	
	Wed 23 rd April	Lego Masters	9am-12pm	3 Hrs	\$30.90	
	Wed 23 rd April	Multisport	1pm-4pm	3 Hrs	\$30.90	
	Thurs 24 th April	Basketball #2	9am-12pm	3 Hrs	\$30.90	
ANZAC DAY Public Holiday – No Clinics						

Morley Sport & Recreation, Morley WA

	Date	Clinic	Time	Duration	Cost	Child's name
Week 1	Mon 14 th April	Team Games	9am-12pm	3 Hrs	\$30.90	
	Tues 15 th April	Lego Masters	1pm-4pm	3 Hrs	\$30.90	
	Wed 16 th April	Science Workshop	1pm-4pm	3 Hrs	\$30.90	
	Thurs 17 th April	Basketball	9am-12pm	3 Hrs	\$30.90	
Good Friday Public Holiday – No Clinics						
Easter Monday Public Holiday – No Clinics						
Week 2	Tues 22 nd April	Dance & Disco	1pm-4pm	3 Hrs	\$30.90	
	Wed 23 rd April	Designer Kidz	1pm-4pm	3 Hrs	\$30.90	
	Thurs 24 th April	Lego & Cinema	1pm-4pm	3 Hrs	\$30.90	
ANZAC DAY Public Holiday – No Clinics						

SECTION 6: How did you hear about us?

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

Has your child participated in any previous School Holiday Programs at The RISE? Yes No

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 Dec/Jan 2024/25 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 a credit 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: \$	Method: <i>Cash Eftpos</i>	Date:	Staff:

Please bring water and a healthy snack to have during break times.

