



SCHOOL HOLIDAY APPLICATION FORM

- ⇒ Please complete this form thoroughly to ensure the wellbeing of your child/ren and to enable our staff to best accommodate their needs.
- ⇒ This camp is suitable for children aged 5-12 years, in a group activity environment.
- ⇒ We are unable to provide "one on one" care.
- ⇒ A \$100 deposit per child is required to secure placement on camp.

1. Complete Form
2. Print
3. Sign
4. Return

	First Name	Last Name	Age	Date of Birth	Gender	Camp Dates
1					Male / Female	
2					Male / Female	
3					Male / Female	
4					Male / Female	
5					Male / Female	

Contact Information

Parent/Guardian/Carer Name:	Home/Work Phone Number:
Address:	Mobile Number:
Suburb:	Post Code:
Email:	

Emergency Contact Name	Relationship	Mobile Number	Email
1.			
2.			

OFFICE USE ONLY

Invoice #	Deposit Paid:	Balance Owing: \$
Date Sent: ___/___/___	\$_____ ___/___/___	Balance Paid: \$_____ ___/___/___
Acceptance Sent: ___/___/___	DC CC CHQ CASH	DC CC CHQ CASH

CHILD 1: **First Name** _____ **Last Name** _____

CHILD'S Medical INFORMATION

Medicare #	Ambulance Cover: Yes / No
Private Health Insurance (if applicable)	Ambulance Member #
FUND: Member #	Last Tetanus:
Comfortably swims _____ metres /	Cannot swim at all
Does your child suffer from any of the following? please tick for YES	
<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Hay Fever
<input type="checkbox"/> Travel Sickness	<input type="checkbox"/> Allergies
<input type="checkbox"/> Seizures	<input type="checkbox"/> Other _____
<input type="checkbox"/> Asthma - please attach asthma management plan if applicable	<input type="checkbox"/> Physical Disability
<input type="checkbox"/> ADHD - please attach relevant information (behavioural concerns / strategies / triggers)	<input type="checkbox"/> Homesickness
<input type="checkbox"/> Intellectual Disability - please attach relevant information (behavioural concerns / strategies / triggers)	

If you have ticked YES to any of the above mentioned, can you please elaborate and attach if necessary, more information in regards to your child:

Please note: We are unable to provide "one on one" care. If your child is unable to participate within a group, then unfortunately this camp is not appropriate for your child.

Medications

Will your child require Wombat Corner staff to give medication during camp? Yes / No

Name of Medication	Dosage	Times to be administered

Please cross out if permission is not given to administer the following if your child is in need:

Cough Medicine Paracetamol Panadol Aspirin Anti-Histamine Tablets (bites)

Additional INFORMATION

Any other information that may seem relevant for your child's stay at camp?

For Example: DIETARY NEEDS

CHILD 2: **First Name** _____ **Last Name** _____

CHILD'S Medical INFORMATION

Medicare #	Ambulance Cover: Yes / No
Private Health Insurance (if applicable)	Ambulance Member #
FUND: Member #	Last Tetanus:
Comfortably swims _____ metres /	Cannot swim at all
Does your child suffer from any of the following? please tick for YES	
<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Hay Fever
<input type="checkbox"/> Travel Sickness	<input type="checkbox"/> Allergies
<input type="checkbox"/> Seizures	<input type="checkbox"/> Other _____
<input type="checkbox"/> Asthma - please attach asthma management plan if applicable	<input type="checkbox"/> Physical Disability
<input type="checkbox"/> ADHD - please attach relevant information (behavioural concerns / strategies / triggers)	<input type="checkbox"/> Homesickness
<input type="checkbox"/> Intellectual Disability - please attach relevant information (behavioural concerns / strategies / triggers)	
If you have ticked YES to any of the above mentioned, can you please elaborate and attach if necessary, more information in regards to your child:	

Please note: We are unable to provide "one on one" care. If your child is unable to participate within a group, then unfortunately this camp is not appropriate for your child.	

Medications

Will your child require Wombat Corner staff to give medication during camp?	Yes / No			
Name of Medication	Dosage	Times to be administered		
Please cross out if permission is <u>not</u> given to administer the following if your child is in need:				
Cough Medicine	Paracetamol	Panadol	Aspirin	Anti-Histamine Tablets (bites)

Additional INFORMATION

Any other information that may seem relevant for your child's stay at camp?

For Example: DIETARY NEEDS

CHILD 3: First Name _____ Last Name _____

CHILD'S Medical INFORMATION

Medicare #	Ambulance Cover: Yes / No
Private Health Insurance (if applicable)	Ambulance Member #
FUND: Member #	Last Tetanus:
Comfortably swims _____ metres /	Cannot swim at all
Does your child suffer from any of the following? please tick for YES	
<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Hay Fever
<input type="checkbox"/> Travel Sickness	<input type="checkbox"/> Allergies
<input type="checkbox"/> Seizures	<input type="checkbox"/> Other _____
<input type="checkbox"/> Asthma - please attach asthma management plan if applicable	<input type="checkbox"/> Physical Disability
<input type="checkbox"/> ADHD - please attach relevant information (behavioural concerns / strategies / triggers)	<input type="checkbox"/> Homesickness
<input type="checkbox"/> Intellectual Disability - please attach relevant information (behavioural concerns / strategies / triggers)	
If you have ticked YES to any of the above mentioned, can you please elaborate and attach if necessary, more information in regards to your child:	

Please note: We are unable to provide "one on one" care. If your child is unable to participate within a group, then unfortunately this camp is not appropriate for your child.	

Medications

Will your child require Wombat Corner staff to give medication during camp? Yes / No		
Name of Medication	Dosage	Times to be administered
Please cross out if permission is <u>not</u> given to administer the following if your child is in need:		
Cough Medicine	Paracetamol	Panadol
Aspirin	Anti-Histamine Tablets (bites)	

Additional INFORMATION

Any other information that may seem relevant for your child's stay at camp?

For Example: DIETARY NEEDS

CHILD 4: First Name _____ Last Name _____

CHILD'S Medical INFORMATION

Medicare #	Ambulance Cover: Yes / No
Private Health Insurance (if applicable)	Ambulance Member #
FUND: Member #	Last Tetanus:
Comfortably swims _____ metres /	Cannot swim at all
Does your child suffer from any of the following? please tick for YES	
<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Hay Fever
<input type="checkbox"/> Travel Sickness	<input type="checkbox"/> Allergies
<input type="checkbox"/> Seizures	<input type="checkbox"/> Other _____
<input type="checkbox"/> Asthma - please attach asthma management plan if applicable	<input type="checkbox"/> Physical Disability
<input type="checkbox"/> ADHD - please attach relevant information (behavioural concerns / strategies / triggers)	<input type="checkbox"/> Homesickness
<input type="checkbox"/> Intellectual Disability - please attach relevant information (behavioural concerns / strategies / triggers)	
If you have ticked YES to any of the above mentioned, can you please elaborate and attach if necessary, more information in regards to your child:	

Please note: We are unable to provide "one on one" care. If your child is unable to participate within a group, then unfortunately this camp is not appropriate for your child.	

Medications

Will your child require Wombat Corner staff to give medication during camp? Yes / No		
Name of Medication	Dosage	Times to be administered
Please cross out if permission is <u>not</u> given to administer the following if your child is in need:		
Cough Medicine	Paracetamol	Panadol
Aspirin	Anti-Histamine Tablets (bites)	

Additional INFORMATION

Any other information that may seem relevant for your child's stay at camp?

For Example: DIETARY NEEDS

CHILD 5: First Name _____ **Last Name** _____

CHILD'S Medical INFORMATION

Medicare #	Ambulance Cover: Yes / No
Private Health Insurance (if applicable)	Ambulance Member #
FUND: Member #	Last Tetanus:
Comfortably swims _____ metres /	Cannot swim at all
Does your child suffer from any of the following? please tick for YES	
<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Hay Fever
<input type="checkbox"/> Travel Sickness	<input type="checkbox"/> Allergies
<input type="checkbox"/> Seizures	<input type="checkbox"/> Other _____
<input type="checkbox"/> Asthma - please attach asthma management plan if applicable	<input type="checkbox"/> Physical Disability
<input type="checkbox"/> ADHD - please attach relevant information (behavioural concerns / strategies / triggers)	<input type="checkbox"/> Homesickness
<input type="checkbox"/> Intellectual Disability - please attach relevant information (behavioural concerns / strategies / triggers)	
If you have ticked YES to any of the above mentioned, can you please elaborate and attach if necessary, more information in regards to your child:	

Please note: We are unable to provide "one on one" care. If your child is unable to participate within a group, then unfortunately this camp is not appropriate for your child.	

Medications

Will your child require Wombat Corner staff to give medication during camp?	Yes / No			
Name of Medication	Dosage	Times to be administered		
Please cross out if permission is <u>not</u> given to administer the following if your child is in need:				
Cough Medicine	Paracetamol	Panadol	Aspirin	Anti-Histamine Tablets (bites)

Additional INFORMATION

Any other information that may seem relevant for your child's stay at camp?

For Example: DIETARY NEEDS

Name: _____

HOW did you FIND out about Wombat Corner Camp?

- | | | | |
|--|---------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Previously Been | <input type="checkbox"/> Organisation | <input type="checkbox"/> Internet | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Google Search | <input type="checkbox"/> Day Care | <input type="checkbox"/> School | <input type="checkbox"/> Other Parents |
| <input type="checkbox"/> Other _____ | | | |

PARENT/GUARDIAN DECLARATION, CONSENT AND CONDITIONS OF APPLICATION

I understand that in signing this application and medical form, I give consent to my child/ren, participating at Wombat Corner Camp, including involvement in some activities that are adventurous and fully accept any risks which may be involved. I certify that the child/ren are in good health (other than stated) and agree to abide by camp rules, including an acceptable level of behaviour.

In the event of accident or emergency, where it is not possible or practical to contact me, I authorise Wombat Corner staff to obtain whatever medical assistance and treatment that is necessary at my cost. I hereby release to the full extent permitted by the law, Wombat Corner Camp and its servants and agents from all claims and demands of every kind for any accident, harm or loss which my child/ren may suffer or that I may suffer as a result of my child/ren participating at Wombat Corner Camp.

I hereby indemnify Wombat Corner Camp and its servants and agents to the full extent permitted by the law for any loss, damages, expenses, claims, actions and suits brought for and on behalf of my child/ren and arising out of or in any way connected to Wombat Corner Camp.

Wombat Corner Camp reserves the right to request that a camper be taken away from the camp by the parent/guardian, if that child does not follow an acceptable level of behaviour & or medical needs. If the parent/guardian are unable to arrange transportation, Wombat Corner staff have authority to arrange transport deemed necessary at the expense of the parent/guardian. No money will be refunded once the camp has commenced should a camper be asked to leave.

I give permission for my child/ren to travel on transport provided by Wombat Corner Camp.

I hereby certify that I have read and accept all of the above conditions and the Cancellation Policy.

NAME _____ SIGNATURE _____ DATE _____

I give permission for Wombat Corner Camp to use photographs or video of my child/ren in updates on social media, of the children's progress at camp and for promotional material for Wombat Corner, within keeping that all inappropriate photography that is in any way demeaning to the child are not permitted. YES NO (THIS FORM IS NOT VALID IF IT IS ALTERED)

CANCELLATION POLICY

- ⇒ In the event of cancellation 3 weeks before camp commencement the full payment is refundable.
- ⇒ In the event of cancellation 1 week before the camp commencement a deposit of \$100 is payable and non-refundable.
- ⇒ Cancellation less than 1 week in advance (or non-notification) the full camp fee will apply.
- ⇒ If a medical certificate is supplied for the camp dates, fees will be transferred to another Wombat Corner Camp.