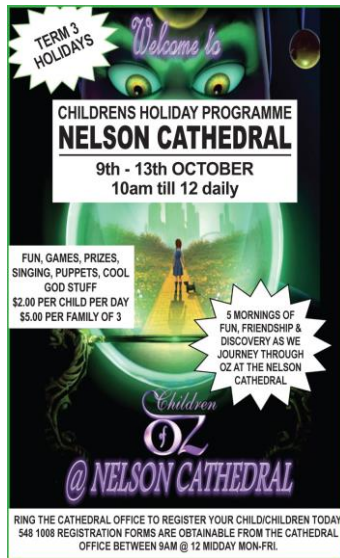


**Children of OZ  
Children's Holiday Programme  
9<sup>th</sup> -13<sup>th</sup> October**



*A ministry of* **Nelson Cathedral**

*Children of OZ*

**Kids Holiday Programme**

**REGISTRATION FORM**

This is a fantastic school holiday program for kids aged 5 - 12 years of age running from Monday 9<sup>th</sup> -13<sup>th</sup> October from 10.00am-12midday each day.

Each day is filled with Games, Singing star, Puppets, Prizes, Bible Stories, Fun and Laughter and lots more.

**There are limited spaces so fill in this form and return it to the Nelson Cathedral Offices. First Floor Nelson Cathedral. 9am till 12 midday Mon-Friday**

**Children of OZ**  
**Children's Holiday Programme**  
**9<sup>th</sup> -13<sup>th</sup> October**

Child's Name: \_\_\_\_\_

Age \_\_\_\_\_ Date Of Birth \_\_\_\_\_ MALE / FEMALE

Any special needs / Medication / Health or Behaviour issues  
**(PLEASE SUPPLY INFORMATION AND MEDICATION IF NEEDED)**

\_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_

Age \_\_\_\_\_ Date Of Birth \_\_\_\_\_ MALE / FEMALE

Any special needs / Medication / Health or Behaviour issues  
**(PLEASE SUPPLY INFORMATION AND MEDICATION IF NEEDED)**

\_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_

Age \_\_\_\_\_ Date Of Birth \_\_\_\_\_ MALE / FEMALE

Any special needs / Medication / Health or Behaviour issues  
**(PLEASE SUPPLY INFORMATION AND MEDICATION IF NEEDED)**

\_\_\_\_\_  
\_\_\_\_\_

**PARENT / CAREGIVER CONTACT DETAILS**

Name/s: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Other: \_\_\_\_\_

**CUSTODY CONDITIONS: (If relevant)**

\_\_\_\_\_  
\_\_\_\_\_

**Children of OZ**  
**Children's Holiday Programme**  
**9<sup>th</sup> -13<sup>th</sup> October**

**EMERGENCY CONTACT INFORMATION:**

Who should we call in an emergency, if we cannot contact you?

Name: _____	
Relationship to child: _____	
Home Ph: _____	Work Ph: _____

Name: _____	
Relationship to child: _____	
Home Ph: _____	Work Ph: _____

**Authorised to collect:**

(Name and telephone of other people who are authorised to collect your child)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>TO BE FILLED IN WHEN HANDING IN REGISTRATION</b>			
<b>DAYS ATTENDING: Please write unpaid or the amount paid in the appropriate place.</b>			
	<b>PAID (                      )</b>		<b>UNPAID (                      )</b>
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			

**NOTE:**

\_\_\_\_\_

\_\_\_\_\_

- I give permission for my child/ren to be photographed for promotional purposes **YES / NO**

**Children of OZ**  
**Children's Holiday Programme**  
**9<sup>th</sup> -13<sup>th</sup> October**

- I give permission for sunscreen to be applied to my child/ren when required **YES / NO**

Nelson Cathedral

**SICKNESS POLICY**

We want to provide a healthy and safe environment for every child that attends our services and programs so please if your child has been or had in the last 24 hours

- **VOMITING**
- **DIARRHOEA**
- **EXCESSIVE COUGHING**
- **FEVER**
- **HEAD LICE / NITS** (until treated)
- **CONJUNCTIVITIS**

Please keep your child at home.

**\By signing this form you are agreeing that:**

1. All information provided is correct.
2. You have read and understood the sickness policy.
3. I hereby authorize Nelson Cathedral staff to seek emergency medical treatment whenever it is deemed necessary and I am unable to be contacted.
4. I will contact the Church offices to inform the program that my child will be absent if unable to attend booked day.
5. I acknowledge that in signing this form that neither the staff nor management of Nelson Cathedral are liable for any loss or damage (by way of accident, injury, theft or otherwise) arising out of attendance at the holiday program.
6. I will organise transport to and from the Nelson Cathedral at the correct times. (10.00 am – 12 midday)

Signature: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ /2017

**Privacy Act 1993:**

The information you have supplied is necessary for the safe and effective operation of the Ice Age Investigators programmes. All personal information requested will be destroyed at the completion of your child's time in the programme. You are welcome to review information pertaining to your child's enrolment at any time.