

YMCA CAMP WARRAWEE - VACATION CAMP APPLICATION

YMCA Camp Warrawee
81 Byrnes Road North, JOYNER Qld 4500

Phone: 07 3882 1436
Fax: 07 3882 1951

Email: campwar@ymca.org.au
Web Page: www.campwarrawee.com

Please post/fax/email the completed application form early to ensure placement for your child/ren.

Phone bookings will not be accepted

Applications close on Thursday prior to the commencement of your selected camp /s

Phone or email to confirm placement

Late applications are subject to availability

PARENT SURNAME: _____ FAMILY CRN: _____

PARENT ADDRESS: _____ P'CODE: _____

EMAIL ADDRESS _____

CHILD/RENS FULL NAME/S	Gender (Male / Female)	Date of Birth	Age	Current Grade at School	Swimming Ability (Good, Average, Poor or Non)	CHILDS CRN
FIRST NAME	SURNAME					

MOTHERS DETAILS

Full Name: _____
Home Ph: _____
Mobile: _____
Work Ph: _____
Date of Birth: _____

FATHERS DETAILS

Full Name: _____
Home Ph: _____
Mobile: _____
Work Ph: _____
Date of Birth: _____

IT IS A CENTRELINK REQUIREMENT THAT THE DATE OF BIRTH FOR PARENTS AND THE CRN'S FOR BOTH FAMILY AND CHILDREN ARE PROVIDED, OTHERWISE CCB CAN NOT BE CLAIMED AND FULL FEES WILL NEED TP BE PAID.

PARENT AGREEMENT

Parent / Guardian **Full** Name Mr Mrs Ms _____ (Please print)

- ✓ I give permission for my child/ren to participate in all activities run or organised by the camp.
- ✓ I give permission for my child/ren to watch G and PG rated video / DVD's.
- ✓ I give permission for my child/ren's photo to be taken by YMCA staff and used in promotional materials and camp certificate.
- ✓ I understand that my child/ren's name and photo may appear on the camp certificate issue at the end of camp.
- ✓ I give permission to camp staff to obtain all necessary medical, hospital and ambulance services as required by my child/ren at my expense.
- ✓ I understand that YMCA staff / camp leaders will take all possible care but will not be liable for any injury or accident, or for damage or loss of property.
- ✓ I understand that in the case of unacceptable behavior children will be sent home from camp at my expense.

Signature: _____ Date: ____/____/____

PRIVACY POLICY: The YMCA Privacy Policy can be located on our website, or a copy is available on request.

Emergency contacts and authorised people to collect child/ren other than parent/guardian:

Name: _____ Name: _____

Phone: _____ M: _____ Phone: _____ M: _____

Please note - EFTPOS & BPAY are available Cheques and money orders payable to YMCA of Brisbane.

Please debit my Visa / Mastercard Card No: _____ Expiry Date ____/____/____

Card Name _____ Signature _____

FEES MUST BE PAID BEFORE YOUR CHILD ATTENDS CAMP

I am claiming weekly Child Care Benefit Yes No I am claiming end of year Child Care Benefit Yes No

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Name of person (wife/husband) who has the link with the child and receives the Assessment Notice _____

Do you have another child in care? If yes please advise our office along with their name, date of birth, and CRN so we can charge your correct percentage.

Custody / court orders? No Yes (if yes, copy required)

MEDICAL INFORMATION

**Please be more specific with an accompanying letter*

CHILD/RENS NAME/S	*Allergies	*Asthma	*Does your child take any medication?	*Dietary Requirements	*Other

Please advise us of any special medical needs / behavioural management plans to ensure your child has the best possible experience while in our care.

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Medicare No.....

Family Doctor.....Phone.....

Is your child/ren fully immunized for their age? No Yes

- **All medication must be in the original medication container** with your child's name and correct dosage - this includes over the counter medication (e.g. Paracetamol).
- Please include a **medical practitioner's letter or pharmacist's printed instructions** for prescribed medication.
- Please include written permission to administer over the counter medication (e.g. Paracetamol).
- **All medication must be supplied by the parent/guardian** - this includes over the counter medication

Please place in the same group as: (one child's name)_____

My child/ren is: Aboriginal Torres Strait Islander Other _____ Language spoken at home_____

How did you hear about us?: Been Before Friend Website Letterbox Flyer Other.....

As a parent I have a special skill / hobby I would like to share with the children. No Yes-If yes what skill/hobby:_____

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PLEASE TAKE CARE WHEN MAKING YOUR BOOKING – YOU WILL BE CHARGED FOR DAYS THAT YOU SELECT REGARDLESS OF WHETHER YOUR CHILD/REN ATTENDS OR NOT

I wish to book my child/ren for the following days (please tick the corresponding boxes for attendance)

DAYS	Monday 12 th Dec 2011	Tuesday 13 th Dec 2011	Wednesday 14 th Dec 2011	Thursday 15 th Dec 2011	Friday 16 th Dec 2011
CHILD/RENS NAME/S					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DAILY COST The gap is charged after CCB	\$40.00 per child	\$40.00 per child	\$40.00 per child	\$40.00 per child	\$40.00 per child

DAYS	Monday 19 th Dec 2011	Tuesday 20 th Dec 2011	Wednesday 21 st Dec 2011	Thursday 22 nd Dec 2011	Friday 23 rd Dec 2011
CHILD/RENS NAME/S					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DAILY COST The gap is charged after CCB	\$40.00 per child	\$40.00 per child	\$40.00 per child	\$40.00 per child	\$40.00 per child

DAYS		Tuesday 3 rd Jan 2012	Wednesday 4 th Jan 2012	Thursday 5 th Jan 2012	Friday 6 th Jan 2012
CHILD/RENS NAME/S					
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DAILY COST The gap is charged after CCB		\$40.00 per child	\$40.00 per child	\$40.00 per child	\$40.00 per child

DAYS	Monday 9 th Jan 2012	Tuesday 10 th Jan 2012	Wednesday 11 th Jan 2012	Thursday 12 th Jan 2012	Friday 13 th Jan 2012
CHILD/RENS NAME/S					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DAILY COST The gap is charged after CCB	\$40.00 per child	\$40.00 per child	\$40.00 per child	\$40.00 per child	\$40.00 per child

DAYS	Monday 16 th Jan 2012	Tuesday 17 th Jan 2012	Wednesday 18 th Jan 2012	Thursday 19 th Jan 2012	Friday 20 th Jan 2012
CHILD/RENS NAME/S					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DAILY COST The gap is charged after CCB	\$40.00 per child	\$40.00 per child	\$40.00 per child	\$40.00 per child	\$40.00 per child

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12th – 16th December 2011

Adventure Activities for this week:

Indoor Climb, Possum Glider, Canoeing, Swinging Fox, Archery, Low Ropes.

Themed Group Activities for this week

Monday-Mini Olympics, Tuesday-Super Heros, Wednesday-Ropes, Thursday-International Games, Friday-Balls

19th – 23rd December 2011

Adventure Activities for this week:

Blue Gum Challenge, Giant Swing, Archery, Hanging Vine, Prussicking, Old Petrie Town activities

Themed Group Activities for this week

Monday-Circus, Tuesday-Water, Wednesday-Amazing Race, Thursday-Monsters, Friday-Fun Food

3rd – 6th January 2012

Adventure Activities for this week:

Indoor Climb, Giant Swing, Swinging Fox, Raft Building, Low Ropes

Themed Group Activities for this week

Tuesday-International, Wednesday-Detective, Thursday-Emergency, Friday-Balls

9th – 13th January 2012

Adventure Activities for this week:

Blue Gum Challenge, Possum Glider, Swinging Fox, Archery, Low Ropes, Abseiling

Themed Group Activities for this week

Monday-Ropes, Tuesday-Balls, Wednesday-Paper, Thursday-Pirates, Friday-Mazes

16th – 20th January 2012

Adventure Activities for this week:

Indoor Climb, Possum Glider, Canoeing, Giant Swing, Archery, Low Ropes,

Themed Group Activities for this week

Monday-Novelty games, Tuesday-Science, Wednesday-Movies, Thursday-Sports, Friday-Fun Food Day