



ABBOTSLEIGH

Holiday Program Application Form

PLEASE PRINT ALL DETAILS CLEARLY

CHILD: First name: _____ Surname: _____

DOB: __/__/__ School Year 2021: _____ Child's school: _____

Male/female: _____

Address: _____

Postcode: _____

PARENT 1: Salutation: _____ First name: _____ Surname: _____

Phone (H): _____ Phone (W): _____ Phone (M): _____

Address: _____

Postcode: _____

PARENT 2: Salutation: _____ First name: _____ Surname: _____

Phone (H): _____ Phone (W): _____ Phone (M): _____

Address: _____

Postcode: _____

EMAIL ADDRESS: (For billing emails. One address is sufficient if you prefer.)

Parent 1: _____

Parent 2: _____

Emergency contacts / Authorised pickups (Other than principle carers)

Name: _____

Phone: _____ Mobile: _____

Relationship to child: _____

Address: _____

Postcode: _____

Name: _____

Phone: _____ Mobile: _____

Relationship to child: _____

Address: _____

Postcode: _____

Authority for medical treatment and/or ambulance

I/We understand that while the school will make reasonable efforts to speak with parents or guardians in the event of accident or sudden illness, there may be times when this is not possible or not successful. In these circumstances, I/We authorise the School to obtain medical advice, and authorise medical treatment and/or ambulance for the student including administering anaesthetics and performing operations, if a responsible member of staff on medical advice considers it necessary for the health and well being of the student.

Parent signature: _____

Is there a court order or parenting plan relevant to the student?

Yes, please attach a copy.

No

I give permission for my child to swim.

Child's Medicare number: _____ Number on card: _____

Signed Parent 1: _____ Parent 2: _____

For Program and additional application forms, visit www.abbotsleigh.nsw.edu.au/abbschool or call 94737615

Scan or mail this application form to holidayprogram@abbotsleigh.nsw.edu.au or

Holiday Program, Abbotsleigh, Locked Bag 1666, Wahroonga, NSW, 2076

Week	Course or Junior Activities (please state which)	Date	Extended hours required? (Y/N)	Cost
Total				

Refunds will only be made in the case of certified illness. Please note all payment details provided for subsidised courses will be used in our iPay system. Please email us if you do not wish to use iPay.

Mastercard Visa Card number: _____ Expiry date: ____/____

Name on card: _____ CVV (three-digit number on the back of the card): _____

Signature: _____

Junior Activities and extended hours will be charged by Before and After School Care. Other activities not eligible for subsidy will be charged separately by AbbSchool Holiday Program.

I give consent for my child to participate in the selected course/s and agree to delegate my authority to the staff involved. I realise precautions are taken to eliminate any injuries or hazards and a competent supervision is present; however, in the event of any injury, I hereby waive, release and hold harmless from any liability for damages or claims for personal injury, including accidental death, as well as for property damage which may arise in conjunction with the above activity, against Abbotsleigh, it's employees, coaches and assistants. I submit relevant medical information.

Parent signature: _____

Holiday Program

Complying Written Arrangement

I WILL be claiming childcare subsidy for this enrolment

I WILL NOT be claiming childcare subsidy for this enrolment:

PLEASE NOTE: You will be unable to back claim any attendances for this enrolment if you select this option.

To claim childcare subsidy you must have registered with Centrelink.

Visit www.humanservices.gov.au or phone 136 150 for CRN details.

CHILD: Date of birth: ___/___/___ CRN: _____

SUBSIDY LINKED PARENT: Name: _____

PARENT: Date of birth: ___/___/___ CRN: _____

DATE that you wish to begin accessing subsidised care: ___/___/___

I, _____(Name), confirm that I am entering into a Complying Written Arrangement with:

Provider: The Council of Abbotsleigh

Email: headmistress@abbotsleigh.nsw.edu.au

Phone: 02 9473 7700

Service: Abbotsleigh After School Care and Vacation Care.

I confirm that I am liable for the fees listed in the Vacation Care handbook available at the centre and as below

Session description	Fee type	Fee amount	Session length
VAC Junior Activities	Flat rate	\$65	10.5 hours
VAC Extended hours	Flat rate	\$20	4 hours
VAC Extended hours sibling	Flat rate	\$10	4 hours

I acknowledge that these rates are subject to change and will be amended in the relevant handbooks.

I acknowledge that care is available on a fixed or casual basis as I have indicated on this application form.

SIGNED: _____

AbbSchool Holiday Program

Medical form

(All students must complete this page including Abbotsleigh students)

Surname _____ First name _____

Doctor _____ Phone _____

Address _____ Postcode _____

Dentist _____ Phone _____

Address _____ Postcode _____

Emergency contact _____ Phone _____

Language used at home if not English _____

Allergies (bee stings, foods, drugs etc.) and dietary requirements _____

Please attach a management plan for allergies.

Any considerations for cultural needs and dietary requirements _____

Asthma

Does your child have asthma? Yes No

If YES, complete the management plan with your doctor's advice.

Year asthma diagnosed _____

Type of asthma?

Mild i.e. exercise induced, only requiring Ventolin pre/during/post exercise

Moderate i.e. requires Ventolin and a preventative such as Beclaforte, Becotide, Pulmacort on a daily basis

Severe i.e. requires the above plus steroids during attacks.

Other

What are some of the known asthma triggers, i.e. pollen, cold weather, dust mite, food additives.

Date of last asthma attack _____

Additional medication to be taken during attack

School asthma management plan

Regular medication taken

Drug	Dosage

Best peak flow reading _____

Peak flow reading requiring extra medication _____

Peak flow reading requiring use of Nebuliser _____

Peak flow reading required for transfer to hospital or doctor _____

Solution to be used in Nebuliser _____

Authorisation for medication

Subject to the provisions of the Poisons and Therapeutic Goods Act 1966, under which certain medications can only be administered by nursing staff, I/we give permission for the Holiday Program staff to administer the following medication to my/our child:

Medication	Signature	Medication	Signature
Panadol		Nurofen	

Any other medical/health or social factors that could assist staff _____

_____ Immunisation status _____

Signature _____ Date _____