



BOOKING FORM

RED BEACH/STANMORE BAY (PLEASE INDICATE WHICH SCHOOL YOU'RE BOOKING IN AT)

Child Information:

(1) Child's Name: _____
 Gender: *(please circle)* Male / Female D.O.B: _____
 School they attend: _____ Year Level: _____
 Medical Information: _____
 Medication details: (if applicable): _____

(2) Child's Name: _____
 Gender: *(please circle)* Male / Female D.O.B: _____
 School they attend: _____ Year Level: _____
 Medical Information: _____
 Medication details: (if applicable): _____

Home address: _____
 Home phone number: _____
 Contact e-mail address: _____

**Please indicate which days you would like your child/ren to attend
and if it is a half or full day.**

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1					
Week 2					

Please note: if you have booked for any of these days but are unable to attend due to sickness or alternative commitments, you will not be charged providing you contact us in advance on 4279377

Kelly Club bank account number 06 0383 0191392 00 (Red Beach)
 Kelly Club bank account number 06 0383 0191392 05 (Stanmore Bay)

Will your child/ren be attending the Red Beach or Stanmore Bay programmes?

Are you applying for a WINZ subsidy Y/N (Please indicate)

Caregiver Information:

FIRST Contact Person: _____

Relationship to Child/ren: _____

Contact Number 1: _____ Contact Number 2: _____

SECOND contact Person: _____

Relationship to Child/ren: _____

Contact Number 1: _____ Contact Number 2: _____

Emergency Contact Information:

Emergency Contacts will only be used in the case of an emergency where contact with the first and second contact persons has been unsuccessful.

Emergency Contact 1: _____

Relationship to Child/ren: _____

Contact Number: _____

Emergency Contact 2: _____

Relationship to Child/ren: _____

Contact Number: _____

Alternative Pick-up Persons Information:

Alternative Persons authorised to collect child/ren excluding FIRST and SECOND Contact Persons. PLEASE NOTE: If you wish for your child to be collected by someone not listed please inform us prior to pickup.

Alternative Person 1: _____

Relationship to Child/ren: _____

Alternative Person 2: _____

Relationship to Child/ren: _____

I have read and understood the Important Information outlined on page 4 of the Kelly Club Holiday Programme Brochure.

Caregivers Name: _____

Caregivers Signature: _____

Date: _____