



## 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): \_\_\_\_\_

Child/rens home address: \_\_\_\_\_

Child/rens 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?

**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:** \_\_\_\_\_