

APPLICATION FORM

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Child Details:

First Name: _____ Surname: _____ Sex: M / F D.O.B ___ / ___ / ___

School: _____ School Year: _____

Additional Siblings:

First Name: _____ Surname: _____ Sex: M / F D.O.B ___ / ___ / ___

School : _____ School Year: _____

First Name: _____ Surname: _____ Sex: M / F D.O.B ___ / ___ / ___

School : _____ School Year: _____

Friends to be grouped with: _____

Camp Location & Dates:

- Leichhardt (Kegworth Public School): 9th to 13th January 2017
- Leichhardt (Kegworth Public School): 16th to 20th January 2017
- Epping North Public School 9th to 13th January 2017
- Pymble Public School: 9th to 13th January 2017
- Independent Theatre (North Sydney) 9th to 13th January 2017
- North Sydney Demonstration School 16th to 20th January 2017
- Lindfield Public School: 16th to 20th January 2017
- North Melbourne St Aloysius College: 9th to 13th January 2017

Full Five Day Week **or**

Individual Days: (min 2 days): Mon Tues Wed Thurs Fri

Parent/Guardian Details:

Title: _____ First Name: _____ Surname: _____

Address: _____

Home Phone: _____ Work: _____ Mobile: _____

Email: _____

Alternative contact during camp:

Name: _____ Phone: _____

Please complete Medical Section for each child enrolled:

Child's Full Name: _____

Medical Details:

Does your child carry any medications? If so give details.

Allergy Details: _____

Special Requirements: _____

Does your child carry an Epipen? Yes No

- Tick if you agree to allow Kids Up Front Staff members to administer first aid and seek emergency treatment if so required.

If not, please give reasons for not agreeing to this:

Second Child's Name: _____

Medical Details:

Does your child carry any medications? If so give details.

Allergy Details: _____

Special Requirements: _____

Does your child carry an Epipen? Yes No

- Tick if you agree to allow Kids Up Front Staff members to administer first aid and seek emergency treatment if so required.

If not, please give reasons for not agreeing to this:

How did you hear about Kids Up Front?

- Web site Email Broadcast Friend or Relative School Newsletter

Payment Information: (All Prices include GST)

Full Week (five days)

SYDNEY

- Standard Rate \$350 (Week)
- Early Booking Rate ** \$330 (Week)
- The Independent Theatre Rate \$365 (Week)
- The Independent Theatre ** \$345 (Week)

MELBOURNE

- Standard Rate \$340 (Week)
- Early Booking Rate ** \$315 (Week)

Individual Days (Minimum of 2 days):

SYDNEY

- Single Day Rate no of days (____) at \$75.00/day = \$_____
- Early Booking Rate** no of days (____) at \$70.00/day = \$_____
- Independent Theatre Day Rate no of days (____) at \$80.00/day = \$_____
- Independent Theatre Early Booking ** no of days (____) at \$75.00/day = \$_____

MELBOURNE

- Single Day Rate no of days (____) at \$75.00/day = \$_____
- Early Booking Rate** no of days (____) at \$70.00/day = \$_____

Payment must be received before 1st December 2016 to qualify for Early Booking Rate

Booking Total	\$	
Date of Booking	___/___/	

**** Applies for bookings made and paid for before 1st December 2016**

Parent/Guardian Declaration

- I, the legal guardian give consent for my child, _____ to attend Kids Up Front.
- I have read, understood and agree to all Kids Up Front's Terms and Conditions AND Frequently Asked Questions.

