



APPLICATION FORM Page 1 of 3

Child Details:

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

Additional Siblings:

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

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

Friends to be grouped with:

- Camp Location & Dates: [ ] Chatswood Public School: Monday 16th for Friday 20th Jan
[ ] Dulwich Hill High School: Monday 16th for Friday 20th Jan
[ ] Artarmon Public School: Monday 9th to Friday 13th Jan
[ ] Epping North Public School: Monday 16th for Friday 20th Jan

Full 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:

\_\_\_\_\_

*Children over seven will have the opportunity at camp to choose their elective. You may like to discuss with them whether they will choose singing, dancing or drama.*

**How did you hear about Kids Up Front?**

- Web site  Email Broadcast  Friend or Relative  School Newsletter

