



APPLICATION FORM

Child Details:

First Name: _____ Surname: _____ Sex: M / F Age: _____ School: _____

Additional Siblings:

First Name: _____ Surname: _____ Sex: M / F Age: _____ School: _____

First Name: _____ Surname: _____ Sex: M / F Age: _____ School: _____

Friends to be grouped with: _____

- Camp Location & Dates:**
- Lindfield Public School: Monday 5th to Friday 9th July 2010
 - Artarmon Public School Monday 12th to Friday 16th July 2010
 - Dulwich Hill High School Monday 5th to Friday 9th July 2010

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: _____

Payment Information:

All Prices include GST.

Full Week

- Standard Rate \$295 (Week)
- Early Booking Rate \$275 (Week)* **payment received prior to June 15 2010**

Individual Days (Minimum of 2 days):

- Single Day Rate no of days (_____) at \$65.00/day = \$_____
- Early Booking Rate** no of days (_____) at \$55.00/day = \$_____

Payment must be received before June 15, 2010 to qualify for Early Booking Rate

Booking Total	\$	
Date of Booking	_ / _ / _	

** Applies for bookings made and paid for before June 15 2010

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Child's Full Name: _____

Please complete Medical Section for each child enrolled:

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:

For Kids aged 7 and over (if more than one child over 7 please indicate child's name next to elective:

Select an elective which will be taken for one session per day:

Singing Acting Dancing

How did you hear about Kids Up Front?

Web site Email Broadcast Friend or Relative School Newsletter

Do you know of any other parents who would like to know about Kids Up Front?

Name: _____ Email: _____

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.

Parent's Signature: _____

What to do next:

1. **Complete this application form for the camp:**

Send completed form and payment to: PO Box 1560, Neutral Bay NSW 2089, or fax to (02) 9953 4049, or email to info@kidsupfront.com.au. All bookings will be confirmed by email. Remember to take advantage of the EXCELLENT savings possible by paying Early bird rates!

2. **Await confirmation of application by email.**

Credit Card payments: **Name of Card holder**

Fee enclosed \$

Expiry Date.....

Credit Card Details Visa Mastercard