

The Y Caringbah

ACTION BREAK



Parent Information:

Enrolling Parent / Guardian Information (Please complete all fields)

Relationship to Child: _____

First Name _____ Surname _____

Postal Address _____

Suburb _____ Postcode _____

Phone _____ Email _____

Other Parent/Guardian Information: (2nd Emergency Contact)

Relationship to Child: _____

First Name _____ Surname _____

Postal Address _____

Suburb _____ Postcode _____

Phone _____ Email _____

Child Information:

Child 1: First Name: _____ Last Name: _____ LINKS ID: _____

Date of Birth: _____ School attending: _____ Yr. at school: _____

Child 2: First Name: _____ Last Name: _____ LINKS ID: _____

Date of Birth: _____ School attending: _____ Yr. at school: _____

Date/s child/ren attending: _____

Child 3: First Name: _____ Last Name: _____ LINKS ID: _____

Date of Birth: _____ School attending: _____ Yr. at school: _____

Date/s child/ren attending: _____

Child 4: First Name: _____ Last Name: _____ LINKS ID: _____

Date of Birth: _____ School attending: _____ Yr. at school: _____

Date/s child/ren attending: _____

Please specify if your child/ren has any medical condition/s or allergies and the procedures that need to be taken:

Action Plan Attached? Yes / No

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Please circle the days your child/ren are attending:

THURSDAY 19TH DECEMBER	FRIDAY 20TH DECEMBER	MONDAY 23RD DECEMBER		
Old School Yard Games & Gymnastics	Gymnastics Party Day	All Things Christmas		
TUESDAY 14TH JANUARY	THURSDAY 16TH JANUARY	TUESDAY 21ST JANUARY	WEDNESDAY 22ND JANUARY	FRIDAY 24TH JANUARY
Summer Days #1	Gymnastics Mayhem	Summer Days #2	Sports Day	Gymnastics Games & Pizza Day

Please circle what pizza your child will eat:

Hawaiian

Cheese

Ham & Cheese

Meat lovers

*Please make sure that you send your child/ren with a hat, morning tea, lunch & a drink bottle every day.
(no lunch is required for the pizza day)

SHOP N' DROP

THURSDAY 19TH DEC	THURSDAY 19TH DEC	FRIDAY 20TH DEC	FRIDAY 20TH DEC	MON 23RD DEC	MON 23RD DEC	TUES 24TH DEC
9.00am – 12noon	12noon – 3.00pm	9.00am – 12noon	12noon – 3.00pm	9.00am – 12noon	12noon – 3.00pm	9.00am – 12noon

*Please make sure that you send your child/ren with a hat, morning tea, lunch & a drink bottle every day.

GYMNASTICS INTENSIVES

WEDNESDAY 15TH JANUARY	WEDNESDAY 15TH JANUARY	MONDAY 20TH JANUARY	THURSDAY 23RD JANUARY	THURSDAY 23RD JANUARY	THURSDAY 23RD JANUARY
Jnr Flips n' Tricks	Snr Flips n' Tricks	Cartwheels, R.off's & Back Bends	Cartwheels, R.off's & Back Bends	Jnr Flips n' Tricks	Snr Flips n' Tricks
11.30am – 1.00pm	1.00 – 2.30pm	9.00 – 10.30am	9.00 – 10.30am	11.30am – 1.00pm	1.00 – 2.30pm

*Please make sure that you send your child with a drink bottle

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5 Jacaranda rd. Caringbah

T 02 9524 1800 F 02 9524 1496 E pip.corbett@ymcansw.org.au W ymcansw.org.au

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Parent/Guardian:

1. Payment must be made at time of enrolment. Places will not be held without payment.
2. Payments to be made at reception (YMCA Caringbah). Faxed / email bookings will not be processed until the next day and does not guarantee your child/s spot.
3. I give my consent for my child/ren to participate in all activities organised by YMCA Caringbah.
4. YMCA Caringbah reserves the right to expel a participant if their behaviour jeopardises the safety and well-being of staff and other children. Bullying will not be tolerated at YMCA Caringbah. Children will be removed from the group for a short period of time. if it continues, a parent will be contacted to collect their child.
5. Children must bring their own morning tea and lunch, hat & sunscreen if a specific brand is preferred.
6. In the event of an accident or illness, I authorise medical treatment for my child and the associated costs. Food allergies – this needs to be noted above with any procedures that need to be made & an action plan provided.
7. I acknowledge & agree that my child/ren is/are between the ages of 5-12years and is enrolled in primary school.
8. Refunds are not given unless there are compassionate reasons made in writing with supporting reasons, which is at the discretion of the Gymnastics Coordinator.
9. I am aware of the inherent physical risks in taking part in all activities.
10. All activities are subject to change without prior notice and availability of venues.
11. A Parent or Guardian must sign their child/ren in and out of the Holiday Program every morning & afternoon.
12. I understand that YMCA Caringbah accepts no responsibility for lost or damaged items such as clothing, money and electronic devices.

Please debit my credit card \$ _____ (MasterCard or Visa only)

Card #: _____ / _____ / _____ / _____

Expiry Date: Month _____ Year _____

TOTAL COST: \$ _____

I have read and understood the terms and conditions for YMCA Caringbah Holiday Program as stated above.

Signature _____ Date _____ / _____ / _____