

**With Parent Afternoon Tea on  
Friday from 3pm - 4pm  
Sunday Showcase 9am - 10.30am**

# Primary School Day Camp

## Years 3 - 6

and Limited Places Available for  
**Years 1 - 2**

**Date:** Wed 29th June - Friday 1st July 2016

**Time:** 9am - 3pm

**Full Cost:** \$30 per child

(Includes 3 day program,  
Morning Tea and Lunch each day,  
plus Elective Materials)

**Place:** **CityNet Church**  
Freedom Rise, Holmview 4207  
(Cnr. Logan River and Teys Rds.)

**Enquiries:** Robyn 0416 172 791  
Leanne 0410 531 616  
Pam 0403 831 200  
Email brcdaycamp@gmail.com

**Registration:** Closes 22<sup>nd</sup> June 2016

- Complete the attached Registration Form
- Include full payment with registration
- Hand registration to your school Chaplain

Or post to: BRC Day Camp  
PO Box 1246  
Beenleigh Q 4207



CityNet Church Beenleigh: 3807 2530  
admin@citynetchurch.com.au www.citynetchurch.com.au  
Programme contains Christian content

# Primary School Day Camp - REGISTRATION FORM

Wednesday 29th June - Friday 1st July 2016

### Child Details:

Family Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_ (M / F)

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Year Level: \_\_\_\_\_

Address: \_\_\_\_\_ P/C \_\_\_\_\_

### Parent/Guardian Contact Details:

Name: \_\_\_\_\_

Mobile: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Alternate Emergency Contact:

Name: \_\_\_\_\_

Mobile: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Names of other people authorized to collect this child:

1. Name: \_\_\_\_\_ Ph: \_\_\_\_\_

2. Name: \_\_\_\_\_ Ph: \_\_\_\_\_

Are there any other family matters we should be aware of? E.g. custodial issues, other matters (please specify)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Permission to participate in programme activities:

I consent to my child taking part in the approved programme of activities for the Day Camp.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

I have enclosed the registration fee of \$30.00

### Method of Payment:

- Cash
- Direct Debit  
BSB: 084120 - Acc No: 327038772  
(Please put your child's Surname, and initialed  
First & Middle names as the payment description)  
eg. Smith TJ
- Cheque (Please make cheques payable to: BRC Day Camp)

Please Complete the reverse side

**Electives:**

Please note – children will participate in the one and same elective over the three days. Select your elective, numbering your preferences 1 to 3. Only one of the three will be chosen. Every effort will be made to give a child their first preference but as some have limited numbers allocation will be made according to the order in which registrations are received. Children may do any elective provided they meet the year level requirements for those electives needing more adept skills.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> International Cooking | <input type="checkbox"/> Craft                  | <input type="checkbox"/> Puppetry (years 3-6) |
| <input type="checkbox"/> Soft Toy Making       | <input type="checkbox"/> Hair Flair (years 3-6) | <input type="checkbox"/> Skateboard Antics    |
| <input type="checkbox"/> Home & Garden         | <input type="checkbox"/> Beginners Ju-jitsu     | <i>Must have:</i>                             |
| <input type="checkbox"/> Sketching & Origami   | <input type="checkbox"/> Bush Adventures        | Own skateboard, helmet and protective gear    |

**Medical Information:**

The information below is requested to assist in case of any illness or accident. This information will be held in confidence.

- Please tick if your child suffers from any of the following:
 

<input type="checkbox"/> Heart condition	<input type="checkbox"/> Diabetes	<input type="checkbox"/> ADD / ADHD
<input type="checkbox"/> Blackouts	<input type="checkbox"/> Asthma	<input type="checkbox"/> Other (please specify)

  
 \_\_\_\_\_  
 \_\_\_\_\_
- Is your child taking medication:     Yes     No  
 If YES, please indicate name of medication, dosage, etc:  
 \_\_\_\_\_  
 \_\_\_\_\_ Does your child self-administer Y / N
- Is your child allergic to:
 

<input type="checkbox"/> Penicillin	<input type="checkbox"/> Bee Stings	<input type="checkbox"/> Other - including food (please specify)
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 \_\_\_\_\_  
 \_\_\_\_\_
- Please list any other special needs:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Consent:**

If I am unable to be contacted, I authorise the leaders in charge of the Day Camp to arrange for my child to receive medical treatment as may be deemed necessary during the "Believe It or What" Day Camp including attendance at a Medical Centre, Ambulance, Paramedics or Hospital. I accept responsibility for payment of all expenses associated with such treatment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_

**Permission to be photographed or filmed:**

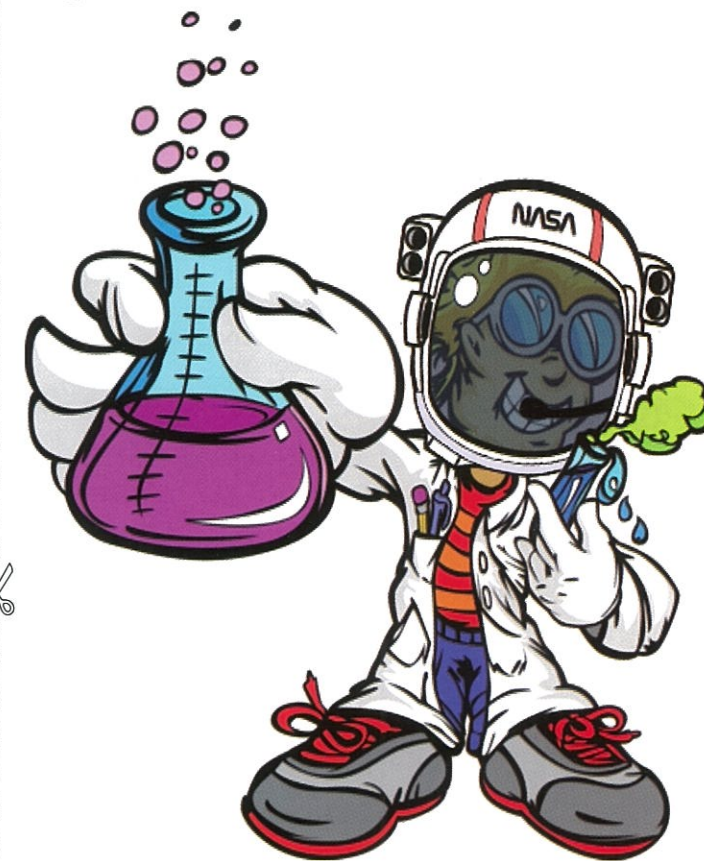
- I give permission    OR     I DO NOT give permission

For my child to be photographed or filmed. I understand that the images may be displayed in the church publications, church buildings or website. I understand that as a precaution my child's name will not be published.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Name: \_\_\_\_\_

Privacy Information: The information collected on this form is for the purpose of the School Day Camp and for CityNet Church to notify families about future children's related activities.

# Holiday Day Camp Believe it or What?



**Beenleigh Regional Chaplaincy  
Primary School Day Camp**  
Hosted by CityNet Church

**Wed 29th June - Fri 1st July 2016**  
9am - 3pm