Booking Information



Child's Full Name	DOB: DD/MM/YYYY

Parent/Guardian & Emergency Contact Information

Name & Relationship	
Address	
Phone	
Email	
Secondary Emergency Contact	
Name & Relationship	
Phone	

Other Adults Authorised to Collect

Name & Relationship	
Phone	
Name & Relationship	
Phone	

Health & Medical Conditions

If your child has been diagnosed with any Health or Medical Conditions, or has any Special or Dietary Needs, please fill out the Health & Medical Form below.

Health & Medical Form



Does your child have any other special needs or redetails:	equirements? If so, please provide further
Does your child have any dietary requirements / pr	references? If so, please provide further details:
Does your child take any medications regularly? If	
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Booking Details

Date	Autumn Fun Camp	Early Drop Off 6am-8am \$20	Day Camp 8am-4pm \$80	Late Pick Up 4pm-6pm \$20
Week 1				
Monday 14/04/2025	Get Your Groove On!			
Tuesday 15/04/2025	Strike Up Some Fun!			
Wednesday 16/04/2025	Craft Your World			
Thursday 17/04/2025	Ready, Steady, Cook			
Week 2				
Tuesday 22/04/2025	Zoo Day: Wildly Awesome!			
Wednesday 23/04/2025	Think Like A Scientist			
Thursday 24/04/2025	Baker's Delight			
Week 3				
Monday 28/04/2025	Nature's Playground			
Tuesday 29/04/2025	The Magic Of Cinema			

Booking T&C's



Payment Details

Payment to be made in full on day of attendance. Accepted payment methods include cash or card payment (Debit/Credit card facilities available; 1.8% surcharge applies).

Cancellations

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In the unfortunate event that your child is unable to attend their booking, please advise DropSpot Kids at your earliest convenience. Notice can be given in writing via email or SMS.

Medi	a Permission
	I give permission for my child's photographic and/or video image, voice and/or words to be used for promotional purposes in o cial publications of DropSpot Kids.
	I do not give permission.
Excu	rsions
	I give permission for my child to attend any planned excursions, including participating in walks to the nearby playground/park, swimming pool, basketball court, skate park and library. Details of all activities will be provided prior to attendance.
	I do not give permission.
Inde	mnity Statement
	I agree for my child to attend DropSpot Kids and to undertake all activities and/or participate in the above program. In the case of an emergency, I authorise DropSpot Kids, where it is impracticable to communicate with me, to arrange for my child to receive such medical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention and ambulance transport while my child is attending DropSpot Kids. I understand that although DropSpot Kids and its service providers attempt to minimise any risk of personal injury within practical boundaries, accidents do happen, and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken at DropSpot Kids as part of the program, and I accept that risk.
	I, the undersigned, accept full responsibility for my child/ren's personal belongings and for my child/ren's behaviour during the camp and in the event of misbehaviour I will be contacted and may be asked to collect my child/ren.
Parent/	Guardian Name Date

About Me



Please provide as much information about yourself as possible. This will assist in your transition to DropSpot Kids and enable us to provide a more tailored experience for you.

Family / Background Who do you live with? _____ What is your family's cultural background? _____ What special events do you celebrate? ______ Do you have any pets? If yes, what kind and what is their name? _____ **Your Interests** What extra-curricular activities do you participate in? _____ What is your favourite book series / genre? _____ What is your favourite food / meal? _____ What is your favourite movie? _____ What is your favourite school subject? _____ What is your favourite game to play? _____ Do you have a best friend? If so, what is their name. What countries have you travelled to? _____ Additional information you would like us to know: ______ Parent / Guardian Additional information you would like us to know: ______