



Moving Bodies Holiday Clinic

You choose the days, you choose the times

December / January 2011 School Holidays

Willoughby Public School



The Moving Bodies Team work in many schools across the Sydney Metro area during term time. For over 10 years we have offered a Holiday Program which provides infants and primary school aged children with fun fitness activities during the school holidays.

The Moving Bodies Holiday Program includes:

- Gymnastics
- Fun games
- Dance
- Parachute play
- Ball games
- Music
- Art and craft
- Athletics

About our program:

Standard Day: 9.00am – 3.00pm **Cost:** \$41 per child per standard day
Extended Hours: 8.00am – 5.00pm **Cost:** \$8 per child per additional hour
Dates: See over page 1 hour = \$8 / 2 hours = \$16 / 3 hours = \$24
Extensions of 15 mins into the hour will incur a full hour fee

What to bring / wear:

- Wear comfortable clothes suitable for physical activity
- Bring recess, lunch, water bottle, a hat, and sunscreen to re-apply during the day
- Please note that we are NUT FREE

Parent Details (*Please note that each family member will have their own CRN for use when claiming the CCB and CCR.)

Parent Name: _____ Male / Female (please circle) Telephone: _____
 Parent's DOB: _____ Parent's CRN (required for claiming CCB/CCR): _____
 Email: _____
 Address: _____ Postcode: _____
 Do you have any other children at day care services during this holiday period? Yes / No If yes, how many? _____
 Percentage (if known): _____ Are you entitled to receive JET/JFA (only applicable if you are studying): _____

Child 1 Information

Child 1 Name: _____ Male / Female (please circle)
 Child 1 DOB: _____ Child 1 CRN (required for claiming CCB/CCR): _____
 Child 1 School: _____
 Name of a friend if requesting to be in the same group: _____

Child 2 Information

Child 2 Name: _____ Male / Female (please circle)
 Child 2 DOB: _____ Child 2 CRN (required for claiming CCB/CCR): _____
 Child 2 School: _____
 Name of a friend if requesting to be in the same group: _____

Medical Details

Is child 1 / child 2 on any long term medication? Yes / No Details: _____
 Does child 1 / child 2 have any known allergies or medical conditions: _____

I hereby give permission to the Moving Bodies supervisor to seek medical aid in the event of an accident, injury or illness.

Name: _____ Relationship: _____ Telephone: _____
 Signature: _____ Date: _____

Authorisation to Administer Medication

I give permission for a Moving Bodies Holiday Clinic staff member to administer the following medical treatment to my child / children in the case of accident, illness or injury. Please tick if giving authorisation:

- Ice Pack Band aid Elastoplast Gauze/swab padding
 Sunscreen Saline solution Other: _____

Name: _____ Relationship: _____ Telephone: _____
Signature: _____ Date: _____

Emergency Contacts

Where Moving Bodies staff are unable to contact you, please indicate **two** people we can contact in the event of an emergency who can act on your behalf.

Name of emergency authority: _____	Relationship: _____	
Address: _____	Postcode: _____	
Mobile: _____	Home Telephone: _____	Work Telephone: _____

Name of emergency authority: _____	Relationship: _____	
Address: _____	Postcode: _____	
Mobile: _____	Home Telephone: _____	Work Telephone: _____

Authority to Collect Child / Children

Please indicate **two** people other than parents / guardians / emergency contacts who are authorised to collect your children. A note with your signature must be made on the Sign In sheet to notify that one of these contact people will be collecting your child on a given day.

Authority to collect; name: _____	Relationship: _____	
Address: _____	Postcode: _____	
Mobile: _____	Home Telephone: _____	Work Telephone: _____


Authority to collect; name: _____	Relationship: _____	
Address: _____	Postcode: _____	
Mobile: _____	Home Telephone: _____	Work Telephone: _____

Method of Payment

- **Moving Bodies requires FULL payment to be made at the time of booking and BEFORE your child's attendance at the Holiday Clinic.**
- Changes to the Child Care Rebate, as of 4 July 2011, have brought child care fee reduction payments in line with the Child Care Benefit. Therefore fees may be reduced by Centrelink for parents eligible for CCB and/or CCR.
- Moving Bodies will reimburse all eligible parents with their fee reduction entitlement within two weeks of the Holiday Clinics' completion. Any credits accrued will also be reimbursed at this time.
- Invoices will no longer be issued. Please email info@movingbodies.com.au if you require an invoice / receipt.
- **Preferred Method of Payment - Direct Deposit:**
 - **Bank:** NAB **BSB No:** 082 309 **Acct No:** 593 754 675 **Acct Name:** Moving Bodies Pty Ltd
 - Please use your child's name as a reference when paying.
- Cheque or money order payable to "Moving Bodies Pty Ltd".
 - Please clearly print name, address and contact number on the reverse side of cheque/money order.

Bookings are essential to secure your place.

Please tick below the day/s your child / children will be attending the Moving Bodies Holiday Clinic.

Venue	Willoughby Public School				 ENQUIRIES 9940 5240 This form can also be completed and submitted on line. www.movingbodies.com.au/holiday					
Dates Available	Week 1 - December	Week 2 – January	Week 3 – January	Week 4 – January						
	Monday 19 Dec	Monday 9 Jan	Monday 16 Jan	Monday 23 Jan						
	Tuesday 20 Dec	Tuesday 10 Jan	Tuesday 17 Jan	Tuesday 24 Jan						
	Wednesday 21 Dec	Wednesday 11 Jan	Wednesday 18 Jan	Wednesday 25 Jan						
	Thursday 22 Dec	Thursday 12 Jan	Thursday 19 Jan							
	Friday 23 Dec	Friday 13 Jan	Friday 20 Jan							

Week 1	Monday 19 Dec		Tuesday 20 Dec		Wednesday 21 Dec		Thursday 22 Dec		Friday 23 Dec	
	Child 1 <input type="checkbox"/>	Child 2 <input type="checkbox"/>	Child 1 <input type="checkbox"/>	Child 2 <input type="checkbox"/>	Child 1 <input type="checkbox"/>	Child 2 <input type="checkbox"/>	Child 1 <input type="checkbox"/>	Child 2 <input type="checkbox"/>	Child 1 <input type="checkbox"/>	Child 2 <input type="checkbox"/>
Drop off Time										
Pick up Time										

Week 2	Monday 9 Jan		Tuesday 10 Jan		Wednesday 11 Jan		Thursday 12 Jan		Friday 13 Jan	
	Child 1 <input type="checkbox"/>	Child 2 <input type="checkbox"/>	Child 1 <input type="checkbox"/>	Child 2 <input type="checkbox"/>	Child 1 <input type="checkbox"/>	Child 2 <input type="checkbox"/>	Child 1 <input type="checkbox"/>	Child 2 <input type="checkbox"/>	Child 1 <input type="checkbox"/>	Child 2 <input type="checkbox"/>
Drop off Time										
Pick up Time										

Week 3	Monday 16 Jan		Tuesday 17 Jan		Wednesday 18 Jan		Thursday 19 Jan		Friday 20 Jan	
	Child 1 <input type="checkbox"/>	Child 2 <input type="checkbox"/>	Child 1 <input type="checkbox"/>	Child 2 <input type="checkbox"/>	Child 1 <input type="checkbox"/>	Child 2 <input type="checkbox"/>	Child 1 <input type="checkbox"/>	Child 2 <input type="checkbox"/>	Child 1 <input type="checkbox"/>	Child 2 <input type="checkbox"/>
Drop off Time										
Pick up Time										

Week 4	Monday 23 Jan		Tuesday 24 Jan		Wednesday 25 Jan		Thursday 26 Jan		Friday 27 Jan	
	Child 1 <input type="checkbox"/>	Child 2 <input type="checkbox"/>	Child 1 <input type="checkbox"/>	Child 2 <input type="checkbox"/>	Child 1 <input type="checkbox"/>	Child 2 <input type="checkbox"/>	Child 1 <input type="checkbox"/>	Child 2 <input type="checkbox"/>	Child 1 <input type="checkbox"/>	Child 2 <input type="checkbox"/>
Drop off Time							Public Holiday		Staff Development Day	
Pick up Time										

I have enclosed a cheque / money order for the amount of \$	Office Use	
I have made a direct deposit of \$ copy of receipt is enclosed or reference used	Office Use	

Return to: Moving Bodies, 27 Glenview Road, Mt Kuring-gai 2080; info@movingbodies.com.au; F: 9012 0895