



Thank you for enrolling your child/ren in **Kulture Break's Autumn 2020 Holiday Dance Program**.

We have a wonderful week of fun activities, excursions and of course, dance workshops, planned for the children to participate in.

Drop off and Pick Up

Drop off is between 8.30-9am and pick up 4.30pm. On Friday there will be a FREE dance showcase at 4pm for family and friends to enjoy.

All children must be walked into the Kulture Break reception area to be signed in by a parent/guardian or responsible adult every morning.

Children will not be permitted to leave the Kulture Break premises at pick up time until they have been signed out by a parent/guardian or responsible adult inside the Kulture Break reception area.

What to Bring (food and drink)

- Refillable water bottle
- Morning tea
- Lunch

Afternoon tea will be provided by Kulture Break

What to bring (general)

- Hat
- Sunscreen (if your child requires a specific brand or has sensitive skin)
- Change of clothes
- Medication if required (medical needs must be noted on the medical form and an action plan provided if necessary)

PLEASE NOTE: Everything must be clearly labelled with your child's name

We strongly advise all valuables (iPods, phones, large amounts of money, personal gaming devices etc.) be left at home as Kulture Break cannot be responsible for any lost, stolen or damaged items.

We do have some students with nut allergies, and although we are not a nut free program, please try to avoid packing nut products where possible. Children will be required to thoroughly wash their hands before and after eating.

There may be an opportunity for children to purchase snacks while out on excursions, but we will not be hosting lunch runs to Erindale Shopping Centre. Again, Kulture Break cannot be responsible for any lost or stolen money.

Permission, Consent and Medical Form

Please complete the form below and return it to our office by Monday 13 April by email to admin@kulturebreak.com.



Please note children will not be permitted to attend the excursions, and other activities may also be restricted, if their signed permission form is not returned.

Any questions?

Please contact our office on 6296 3265 or admin@kulturebreak.com if you have any questions or concerns.

We look forward to a fun and educational week with your child/ren.

Kind regards,

Kulture Break Admin Team

HQ Office Ph: 6296 3265

Studio Office Ph: 0401 632 241

E: admin@kulturebreak.com

Kulture Break is a well-being and social inclusion charity organization for young people.

Our Vision: Influence a Culture, Empower a Generation



**Autumn Holiday Dance Holiday Program
Permission and Consent Form**

I, _____, (parent/guardian) give permission for _____
to attend **Kulture Break's Autumn Holiday Dance Program** from Monday 20 April to Friday 24 April.

For the duration of the holiday program I agree to the following:

- I give permission for my child/ren to travel in a private vehicle and/or bus to and from outside excursions with Kulture Break staff members and volunteers;
- I give permission for my child to be involved in promotional activities or articles that may appear in school newsletters or Kulture Break website. This may include still/and or video photography, printing of names under photos, therefore, identifying students publicly, or the printing of names in relation to student achievements and activities.
- I give permission for Kulture Break staff to make emergency medical decisions for my child/ren, if for any reason I am unable to be reached at the contact numbers I have provided to Kulture Break. I also agree to meet any costs that may be incurred as a result of these emergency medical decisions.
- I understand that at times, my child will have physical contact with teachers (for corrections) and other students (for support and to form sequences throughout the dance).

Please note: All Kulture Break staff and volunteers (over the age of 16) are in possession of a Working With Vulnerable People card.

Parent/guardian signature: _____

Print name: _____

Date: _____



MEDICAL INFORMATION – CONFIDENTIAL

If you are under the age of 18 years, this form needs to be completed and signed by your parent/ guardian.

Privacy Notice: The information requested on the form is essential for assisting Kulture Break plan for the support of your child’s health needs while in our care. It will be used by Kulture Break only. If you do not provide all or any of this information, our capacity to support your child’s health needs could be impaired. This information will be stored securely.

You may correct any personal information provided at any time by contacting our Office Administrator via email admin@kulturebreak.com or Kulture Break HQ Office Phone (02) 6296 3265. It is important that the most up-to-date contact details are on file at all times in case contact is necessary.

Student Surname:		Student First Name:	
Age:	Date of Birth:	Today’s Date:	
Address:			
Mother’s Name:			
Ph: (Home)	Ph: (Work)	Ph: (Mobile)	
Father’s Name:			
Ph: (Home)	Ph: (Work)	Ph: (Mobile)	

Emergency Contacts

In case of emergency it is essential that we can contact parents. However, if this is not possible we ***MUST*** be able to contact at least two reliable people or relatives who can take responsibility for the student. Please list the relevant details below and indicate the relation to the student.

1. Emergency Contact Person: (other than parent)		Relationship to Child:	
Ph: (Home)	Ph: (Work)	Ph: (Mobile)	
2. Emergency Contact Person: (other than parent)		Relationship to Child:	
Ph: (Home)	Ph: (Work)	Ph: (Mobile)	



Medical Information

Are you or your child taking regular medication that will be required to be taken for the duration of the trip If necessary please provide a letter from your child’s Dr outlining medication dosages and reason for administration.

Name of Medication:	Dosage:
Times to be taken:	Reason /Condition:

Does your child have a reaction / allergy to any type of medication / food / plants / insects, etc? Please give details. (e.g. asthma, diabetes etc.)

Does your child have any special dietary requirements? Please provide details

Medicare details:

Medicare number:

Private Health insurance details (if applicable):

Dr name/ practice:

Phone:

Immunisation Information

My child has been immunised against Tetanus YES/NO Date of last injection: _____

If in time of an accident, serious illness or emergency I cannot be contacted, I give permission for Kulture Break teachers and chaperones to seek medical attention. I understand that I am responsible for all costs associated with any medical treatment my child may receive.

Parent/ Guardian’s Signature:	Date:
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