



KIDZ CLUB REGISTRATION FORM

The information below will be kept in a locked filing system and is held in the strictest confidence and will be treated as such. Please be thorough when filling out the forms as the information will help us to provide the very best care for your child.

Child's Full Name _____
Date of Birth ____/____/____ Age _____
Gender _____
Child's Residential Address _____
Room/Villa Number at the Resort _____ Mobile Number _____
Primary Language _____
Any special requirements in regards to culture or religion _____
Registration Period ____/____/____ to ____/____/____
I have family subscription to QAS (Ambulance)? Yes _____ No _____
In case of accident/illness requiring medical attention, I agree to pay for any fees incurred? Yes _____ No _____
I give the Kidz Club and the Resort staff permission to seek medical or emergency service's in case of illness, injury or accident? Yes _____ No _____
Signature of Parent/Guardian _____
Please print Name _____
Health History of your Child

Serious
Illness_____

Disability or Special
Needs_____

Allergies_____

Medication_____

Child's Doctor's
Name_____

Address of Child's
Doctor_____

Phone Number of Child's Doctor_____

What communicable diseases has your child had?

Measles _____ German
Measles _____
Mumps _____ Chicken
Pox _____
Whooping Cough _____
Other _____

Has your Child been fully immunised for?

Triple Antigen Yes / No
Meningococcal Yes / No
Measles Mumps Rubella Yes / No Chicken Pox
Yes / No
HIB Yes / No Hep
B Yes / No
Sabin Yes / No

Is the child toilet trained?

Does the child have any problem's/issues with toileting in a social environment?

If so are spare clothes provided?

Other Relevant Details

Has the child been left with other people before other than family?

Any recent changes in the family situation that may affect the behavior of your child? _____

What is your child's swimming ability? Please circle

Weak Medium
Strong

Do you give permission for your child to participate in face painting, pool, beach and bike riding activities?

No Yes

Please discuss any details with a staff member if you have any concerns with you the activities listed above.

Do you give permission for the Kidz Club to take photographs for

internal promotional material?

Yes

No

Do you give permission for your child to watch PG rated DVD's

Yes

No

Parent's/Guardian's Information

Father's

Name _____

Address _____

Phone Number _____

Mobile _____

Room/Villa Number _____

Mother's

Name _____

Address _____

Phone Number _____

Mobile _____

Room/Villa Number _____

Guardian's

Name _____

Address _____

Phone Number _____

Mobile _____

Room/Villa Number _____

In case of an emergency please provide the names and phone numbers of two people

Not In The Resort who could collect your child or be contacted regarding their welfare?

Contact's

Name _____

Address _____

Phone Number _____

Mobile _____

Contact's

Name _____

Address _____

Phone Number _____

Mobile_____

Collection of your Child

You must pick up your child strictly at the closing of your booked session and children are not permitted to leave the Kids Club on their own without written permission.

If you wish someone other than yourself to collect your child from Kidz Club please provide their details below

Collector's

Name_____

Address_____

Phone Number_____

Mobile_____

Password:

Cancellation Policy

Any cancellation after the close of business eg. 6pm on the day prior to a booking will incur a 50% cancellation fee

Waiver

I hereby grant permission for the above mentioned child to attend Sheraton Mirage Kidz Club. I have been advised that this program is strictly for children aged 4 years to 12 years and I confirm that my child is within this age group. I understand that the Sheraton Mirage Port Douglas and its Associates will take every precaution to ensure the safety of my child & their belongings. However, I understand that the Sheraton Mirage Port Douglas cannot and will not accept any responsibility for injuries to any person or child or to the loss and/or damage of property/personal belongings. In the case of sudden illness or accident, and the parent cannot be contacted, Sheraton Mirage Port Douglas shall have the discretionary power to seek medical advice. The parent/Guardian will further agree to meet any expenses incurred as a result of this medical advice.

Signature of Parent/Guardian_____

Date_____

We hope you and your child/children enjoy your stay at Sheraton Mirage Port Douglas and have loads of fun with the Kidz Club. Love Giggles.