

**GET OUT OF TOWN APPLICATION FORM**

**Parents/Caregivers A** (MOTHER)  **Parents/Caregivers B** (FATHER)

|  |  |
| --- | --- |
| First Name:  Surname: | First Name:  Surname: |

|  |  |
| --- | --- |
| Address:        Postcode    Phone:  Email: | Address:        Postcode    Phone:  Email: |

|  |
| --- |
| Would you prefer correspondence via email? YES NO |

**Children’s Information:**

**CHILD 1**  **CHILD 2**

|  |  |
| --- | --- |
| First Name:  Surname:  Date of Birth:  Age : Gender : Male Female  Special needs / diet / interests | First Name:  Surname:  Date of Birth:  Age : Gender : Male Female  Special needs / diet / interests |

**CHILD 3** **CHILD 4**

|  |  |
| --- | --- |
| First Name:  Surname:  Date of Birth:  Age : Gender : Male Female  Special needs / diet / interests | First Name:  Surname:  Date of Birth:  Age : Gender : Male Female  Special needs / diet / interests |

**CHILD 5** **CHILD 6**

|  |  |
| --- | --- |
| First Name:  Surname:  Date of Birth:  Age : Gender : Male Female  Special needs / diet / interests | First Name:  Surname:  Date of Birth:  Age : Gender : Male Female  Special needs / diet / interests |

**Attendance: who is attending? Indicate Parent A & or B - Child 1, 2, 3, 4, 5, 6 in the table below by adding their name.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE** | **ACTIVITY** | **TIME** | **PARENT/CAREGIVER**  **ATTENDING** | **CHILDREN**  **ATTENDING** |
| Saturday 30th June 2018 | Watch AFL Match - MCG | 1.20 PM - 4.30 PM |  | 1. |
| 2. |
| 1. | 3. |
| 2. | 4. |
|  | 5. |
| 6. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Tuesday 3rd July 2018 | Full day of Activities-  GASWORKS | 10.45 – 4PM |  | 1. |
| 2. |
| 1. | 3. |
| 2. | 4. |
|  | 5. |
| 6. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Tuesday 10th July 2018 | Incredibles 2– CROWN CINEMAS | 9.45 – 11.30 |  | 1. |
| 2. |
| 1. | 3. |
| 2. | 4. |
|  | 5. |
| 6. |

**PLEASE NOTE THAT ONLY PARTICIPATES THAT ARE BOOKED ON THIS FORM WILL**

**BE COUNTED & ABLE TO ATTEND**

|  |
| --- |
| All participants must have a concession card  Which concession care done you have?  Please attach a copy of your current concession card to this enrolment form  Please note your booking will not be processed until copy of your current concession card is attached |

**Medical Consent (Must complete)**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission for the staff of the Port Melbourne Neighbourhood Centre to seek medical attention for myself or the children under my care should it be necessary, during any Get out of Town day outings or activities

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

**Emergency Contact: (Must complete)**

**Not** **Parents/Caregivers**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photography**

I give consent for my child/children and families photos to be used by PMNC for publicity on our website and social media site. YES NO

I give consent for my child/children and families photos to be used by PMNC for seeking future funding for the GOOT program,

only within the Port Phillip Council. YES NO

PMNC’s duty of care is to ensure that your families safely & privacy is of the highest priority at all times

What is your cultural background?

How did you hear about this program?

Have you or your family used any of the following local services?

Please tick box

|  |  |
| --- | --- |
| Counselling (individual and family) |  |
| Community Legal Service |  |
| Pre-school dental service |  |
| Tenants support service |  |
| Inner South Community Health Service |  |
| Financial Counselling |  |
| Speech therapy |  |
| Holiday programs |  |
| Home care for children with special needs |  |
| Migrant services |  |
| Financial assistance |  |
| Centrelink |  |
| Adult Education |  |
| Child-care |  |
| Maternal Health Nurse |  |
| Neighbourhood House programs |  |
| Churches |  |
| Support Worker |  |

Would you like to be linked in with any of these services? (It can be arranged for you) Yes / No

Which ones? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unfortunately numbers are limited and priority is given to new families.

We will let you know as soon as possible whether you have been accepted into this program

Please return your form to Port Melbourne Neighbourhood Centre- Corner Nott & Liardet Sts, Port Melbourne.

PO BOX 721, Port Melbourne, VIC 3207

**Email** : [admin@pmnc.org.au](mailto:admin@pmnc.org.au)

**Phone**: 9645 1476  **Fax**: 03 9645 4530

**GOOT Mobile** 0497301845