

Good Life Education Program

3/77 Major Road, Fawkner VIC 3060 | 0411 499 750

[kanderson.edu.au@gmail.com](mailto:kanderson.edu.au@gmail.com)

[www.good-life-edu.com](http://www.good-life-edu.com)

**Good Life Holiday Program Policy Agreement (2019)**

In order to achieve the best outcomes for your child, we request enrolment forms are completed and returned to the coordinator. Parents, carers and children are required to adhere to the following policies.

**Behaviour**

Good behaviour and decent dress code are required at all times. Ensure children come prepared for the activities wearing sports shoes, hats, sunscreen, back packs to carry water bottles, snacks, phones, towel, thongs, pocket money (no more than $5).

**Waiver of Responsibility / Disclaimer**

Management will supervise and do everything to keep your child safe at all times. However, they will not be held responsible for any incident or accident that may occur, during, before or after sessions. Nor will they be accountable for any lost property.

**Emergency**

**000 Ambulance will be called if a health emergency arises. Parents or guardians will be notified thereafter.**

**Payments**

Payments must be made before attending the session to secure a place and booking. This can be done online at our website [www.good-life-edu.com](http://www.good-life-edu.com) . Alternatively, you can pay in cash before the session if positions are still available.

**Costs**

Each session runs for 2 hours and costs $10 or $15, depending on the activities. The extra $5 covers entrance fees, treats and resources. Prices for each session are on the Activity Schedule.

**Changes to Activity Schedule**

The scheduled activities may change at the discretion of the coordinator depending on circumstances. For example, outdoor sports may be changed to swimming if the temperature is above 34C.

The coordinator will notify parents if any major changes occur.

**Drop Off and Pick Up**

The two Fawkner Community Houses will be the drop off and pick up points.

**A. 95 Major Road, Community House Fawkner (Main venue)**

**B. 79-97 Jukes Road, Community House Fawkner**

**Venues are written on the Activity Schedule, so read it carefully.**

Parents and carers are requested to be on time to drop and pick up their children and must notify the coordinator if they will be late or not attending.

Being late for pick up may incur a surcharge, so please be on time.

**Teens**

Most activities are applicable to the three age groups: girls 8-12, boys 8-12 and teen group (girls 13-17 yrs). However, some sessions for teens are different and offer more suitable age appropriate activities. Changes are highlighted in green on the Activity Schedule.

**Cancellations**

Parents who wish to change the dates of attendance must contact the coordinator two days beforehand, to allow us to fill the position.

Cancellations and refunds can be made with 2 days prior notice.

Management reserves the right to cancel a registration if deemed necessary.

Thank you for supporting the Good Life Holiday Program and we hope your child will benefit greatly from it.

Feel free to contact me if you have any questions or feedback.

Sincerely,

Khadeejah Anderson

Managing Coordinator



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**ENROLMENT FORM**

**STUDENT INFORMATION (Confidential)**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name: | | Last Name: | |
| Birth Date: Age: | Languages Spoken: | | |
| Street Address: |  | |  |
| Suburb: | State: | | Postcode: |

**PARENT/GUARDIAN INFORMATION**

|  |
| --- |
| **PARENT / GUARDIAN** |
| First Name: |
| Last Name: |
| Street Address: |
| Suburb: Postcode: |
| Home & Mobile Phone: |
| Email: |

|  |
| --- |
| **EMERGENCY CONTACT**  Full Name: |
| Phone: |
| Relationship to Child: |

**STUDENT MEDICAL INFORMATION**

|  |
| --- |
| Does your child have any medical conditions, allergies or health related needs? Yes / No  If yes, then please provide details eg. diabetes, asthma, anaphylaxis etc |

*I have read the Good LIFE Education Policy Agreement above and agree to follow it.*

Parent / Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_