

This form is to be completed and returned for each child attending Manningham Art Studios. It is the parent/ guardian's responsibility to ensure any subsequent changes are communicated to Art Studios staff and a new form completed.

Child Information

Family Name: _____
Given Names: _____
Preferred Name: _____ Date of Birth: _____

Contact Details Parent/Guardian

Name 1: _____ Relationship _____
Address: _____
_____ Post Code _____
Phone: (h) _____ (w) _____
Mobile _____
Relationship to Child: _____

Name 2: _____ Relationship _____
Address: _____
_____ Post Code _____
Phone: (h) _____ (w) _____
Mobile _____
Relationship to Child: _____

* Manningham Art Studios requires that all children participating in any Art Studios program be signed in and out of every class by a parent/guardian.

If parent/guardian cannot be contacted the persons listed below with authority will be contacted regarding collecting the child.

A late fee will be charged to the parent/guardian if the child is not collected on time. The fee is \$15.00 for every 15 minutes or part thereof. Payment of the fee is required prior to the child attending their next session. Payment can be made at the Manningham Art Studios office on level 2 MC Square.

Emergency Contacts and authority to collect (Must be completed):

Name 1: _____ Relationship _____
Address: _____
_____ Post Code _____
Phone: (h) _____ (w) _____
Mobile _____
Relationship to Child: _____

Name 2: _____ Relationship _____
Address: _____
_____ Post Code _____
Phone: (h) _____ (w) _____
Mobile _____
Relationship to Child: _____

Medical Information

Does the child suffer from any illness, allergies or other medical condition
(E.g. asthma, heart condition (e.g. asthma, heart condition, mental/physical disability)? Yes/No
If yes, please specify:

Is there any food the child should not eat for health or religious reasons? Yes/No
If yes, please specify:

Management Plan Received:

It is the parent/guardian's responsibility to ensure a management plan is provided if required.

Declaration and Consent to Emergency Medical Treatment

I, _____ (Print Name), certify that the above information is correct and give permission for my child to attend and participate in Manningham Art Studios programs. I will ensure that my child is signed in and out of every session by a parent or guardian. In the event of a medical emergency, I give permission for medical treatment to be administered as deemed necessary.

Signature: _____ Date: _____

*Please provide any other relevant information about the child e.g. Abilities, interests, likes, dislikes etc.

Behaviour Policy

The Manningham Art Studios offer a variety of engaging and creative activities for children to experience. It is the Art Studios priority that **all** children enjoy their experience in a fun and supportive environment.

Our priority is to ensure that the classes are:

- Safe
- Considerate of others in class
- Free from any form of harassment and bullying
- Encourage creativity and learning

If for any reason the tutor in charge of a class deems that a student is behaving inappropriately, the following process will apply:

1. The tutor in charge will address the child and explain that the behaviour is inappropriate. This is the initial warning.
2. If the behaviour continues the parent/guardian will be notified either at the end of class by the tutor or by Manningham Art Studios office staff by phone. This is the second warning.
3. If the child's behaviour continues the parent/guardian will be required to attend at least one class with the child.
4. It is expected at this stage an improvement in behaviour is made. The tutor in charge is required to advise if attendance by the parent is to continue.
5. If behaviour does not improve, Manningham Art Studios office staff will reassess the child's enrolment in the class.

Parent/Guardian Signature: _____

Child Signature: _____

"Manningham City Council is committed to full compliance with its obligations under the Privacy and Data Protection Act 2014 (Vic) and the Health Records Act 2001 (Vic). All Personal Information collected by MCC will be used for MCC's business purposes and kept confidential. It will not be disclosed to third parties unless MCC is required to disclose the information under other legislation or disclosure is necessary to complete the purpose for which it is sought. You may access information you have provided to MCC at any time and make corrections if you believe that information is incorrect. Copies of MCC's Information Privacy and Security Policy and Health Records Policy are available on the website at www.manningham.vic.gov.au/privacy."