

Parent / Guardian Name: _____

Relationship to Child: _____

Parent / Guardian Phone Number: _____

Parent / Guardian Email Address: _____

Parent/ Guardian Postal Address: _____

Please Note: At least one Parent / Guardian must provide a copy of identification that shows current address and full name.

Authorised Emergency contact details

Please provide details of contacts other than parents or guardians who can be contacted when parents or guardians are unreachable in the event of an emergency.

First Priority:

Name: _____

Relationship to Child: _____

Contact Number: _____

Second Priority:

Name: _____

Relationship to Child: _____

Contact Number: _____

Third Priority:

Name: _____

Relationship to Child: _____

Contact Number: _____

Please indicate which payment method an option would suit best.

Cash EFTPOS Direct Debit

Option 1 - Term based fees: Fees will be collected on the first week meet at the start of each school term.

1st child \$40 per term

2nd child \$35 per term

3rd child \$30 per term

Capped price of \$120 for families with 4 or more children per term

Option 2 - Up front annual fee: Fees will be collected on the first week meet at the start of the year.

1st child \$120 (4th term free) per year

2nd child \$105 (4th term free) per year

3rd child \$90 (4th term free) per year

Capped price of \$360 for families with 4 or more children (4th term free) per year

Options 3 - Payment plans

Payment plans can be arranged if options 1 or 2 are not feasible. Please contact us at rangers@activatechurch.com

Your fees will be calculated per child or family upon application and will be payable in full at the designated times unless prior arrangements have been made.

Would you like an SMS reminder when fees are due? YES NO

Family Court Orders Affecting Applicant

Please note that, in order to ensure the well being of participants, it is necessary that the Rangers Leaders are made aware of any orders regarding intervention issued by the Family Court or the Children's Court. Please notify us with this application if any such order applies to you.

Photography/Footage

Digital photography and/or video footage may be taken throughout the Rangers Program to be used for promotion of future Rangers events. Any attendees may appear in these photos/videos. Due to the nature of taking photography/video in group settings, photo/video permission is required. Your submitted application is agreement to the above. Please discuss with us if this of concern to you.

Medical Intervention

In the event of accident or illness I give permission for Activate Rangers to obtain on my behalf and at my expense, any urgent medical assistance required for my child. This includes treatment, nursing, or hospital and ambulance service as may be considered appropriate. Upon assessment by a qualified Medical Practitioner, any treatment deemed necessary by them is authorised by me. I agree that any medical, hospital or transportation costs and fees incurred at such a time will be payable by me. I acknowledge that I will be contacted immediately should any such emergency occur.

Name: _____ Signature: _____

Date: _____

Please email completed form to rangers@activatechurch.com or mail to: Unit 2/82 Lewis Road Wantirna South 3152.