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**Welcome to Western Australia Junior Creative Arts Holiday Program**

Looking for something special for the kids to do these school holidays? Then look no further than the **Western Australia Junior Creative Arts Holiday Program**!

​Junior Creative Arts Holiday Program (JCAHP) provides young people, Grade 3 to Year 8, to come together to enjoy an exciting experience in the creative arts, recreation activities, worship and spiritual development. The holiday program aims to nurture these young people in their early skill development as well as assist corps in the growth of its creative arts programs.

​The program hopes to nurture these young people in their early skill development as well as assist corps in the growth of its creative arts programs. This holiday program will provide avenues for spiritual development for our young people through worship designed to engage the children in an interactive way. All children will participate in the three streams.

##### GENERAL INFORMATION

Venue: Carine Senior High School

51 Everingham St, Carine

Date:  July 12 - 14 (Monday to Wednesday)

Eligibility: Children – Grade 3 to Year 8

Cost: $60 - Payment by Mon 5 July (last day of registration)

Program Concert: 4:00pm, Wednesday 14 July

Conditions: A recommendation by Youth/Children’s Ministries Leader, Corps Officer is requested by the Worship Arts Team. Willingness to participate in all program activities, remain for the duration of the program, adhere to the camp code of behaviour.

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Requirements: Music stand, musical instrument[s],

Delegate numbers are limited to 50.

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**For further information please contact:**

Ken Waterworth

Territorial Worship Arts Manager

Phone: 0428 395 656

Email: ken.waterworth@salvationarmy.org.au

**DETAILS OF STREAMS**

**Instrumental Stream**

Children will participate in one instrumental activity during the week. In order to accommodate all children and ensure electives have appropriate numbers you are required to provide two preferences. This will be a chance for everyone to experience the fun and excitement of playing an instrument.  Whether you already play or join Percussion Rules, there will be something for everyone

**Band**

For those who have been learning for 6 months or more our band will include brass, woodwind and percussion; this will be a fantastic ensemble experience.

**Percussion Ensemble**

We all have the ability to play an instrument.  Maybe your introduction to this wonderful experience will be through percussion.  Come along and enjoy playing the full range of instruments on offer in the percussion family.

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**Ukelele Ensemble**

Four strings for you to strum, whether you have a little or no experience on this fantastic Hawaiian instrument! From strumming patterns and chords to simple melodies, you'll be playing songs right away in the ukulele band!

**Creative​ Stream**

​Children will participate in one creative activity during the week.  In order to accommodate all children and ensure electives have appropriate numbers you are required to provide two preferences.

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**Drama**

Are you the ‘dramatic’ type? Do you think you could tell a great story? Then the Drama Elective is for you!! Challenge yourself as you work in a group to express the creative gifts you have. Come for the fun... stay for the story.

**Dance**

Dance at this year's holiday will be for the energetic!  We'll challenge ourselves to use our bodies in worship and have fun in the process.

**Visual Arts**

Sometimes the best way to express something is to create something. A creator creates - when the viewer remakes. Here is your opportunity to bring to life your ideas. You have been created now show your creator how creative you are!  Bring an art shirt and your imagination.

**Vocal Stream**

​All children will participate in vocal activities.

​Developing your skills on an instrument happens so much quicker when you can learn how to listen.  We will develop our listening skills in a fun way and experience the joy of singing through learning some really cool songs.

**REGISTRATION & MEDICAL INFORMATION**

Please scan and email the completed form to:

**Ken Waterworth**

Territorial Worship Arts Manager

Phone: 0428 395 656

Email: ken.waterworth@salvationarmy.org.au

Payment can be made by completing credit card details on the registration form. If paying by cheque or money order, please make payable to ‘The Salvation Army’

**Part 1: PROGRAM Registration**

**Protecting Your Privacy**

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| Protecting your privacy is important to us. The personal information we collect is required to manage risk, provide reasonable care and administer your child’s involvement in JCAC 2019. We will keep your personal information secure and will only use and disclose it as permitted Australian Privacy Principles. You are welcome to contact our office in relation to issues regarding your personal information and for a copy of our Privacy Policy.  if you don’t provide us with all requested information, you could miss the opportunity to be involved in JCAC 2019  In signing the declaration, you consent to appropriate use by The Salvation Army of still and motion photography taken during the program that include the participant. (For example, inclusion in The Salvation Army newspaper, placement on our web page or in a brochure, live streaming of events.) |

**PARTICIPANT/caregiver Personal Contact Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Given name: |  | Surname: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Preferred name: |  | Date of birth: |  | Male/Female |

|  |  |
| --- | --- |
| Address: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Suburb: |  | State: |  | Postcode: |  |

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| --- | --- | --- | --- |
| Home Phone: | ( ) | Mobile: |  |

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| --- | --- | --- | --- |
| Corps: |  | Division: |  |

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| --- | --- |
| Email: | Required |

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| --- | --- | --- | --- |
| Participant First Name |  | Surname: |  |
| **PARTICIPANT BEHAVIOURAL AGREEMENT** | | | |

By attending this program you agree to:

**Be where you should be:**

* Attend all scheduled events.
* Be punctual at all your timetabled events
* Stay within the event/venue boundaries.
* Remain on site for the duration of the event.
* Attend and eat all meals.

**Treat others, and their property, with respect:**

No putting others down.

* No foul or abusive language.
* No racist or sexist language or humour.
* Do not touch property that does not belong to you.
* Do not interfere with equipment or facilities.
* Do not engage in violent or threatening behaviour.
* No public displays of affection or sexual behaviour.
* Dress modestly
* Offensive content on clothing not permitted
* Do not use social media or electronic devices to bully or harass   
  others or to post/send inappropriate content.
* Follow leaders instructions at all times

This is a drug, alcohol and smoke free event.

This is an energy drink free event. I understand that if I fail to fulfil the above requirements that the camp director may ask me to leave and that any costs associated with my depar­ture will be my responsibility or that of my parent/guardian/care-giver.

**Your agreement with The Salvation Army**

I am aware, in signing this document regarding my participation in this program, that certain elements of the program could be physically and emotionally demanding. Furthermore, I understand that certain inherent risks and dangers exist in the activities in which I will be participating. I acknowl­edge that while the organisation and its leaders will make every reasonable effort to minimise exposure to known risks, all hazards and dangers associ­ated with these activities cannot be foreseen or may be beyond the control of the organisation, its leaders and staff. In the event of any emergency where the camper’s nominated contact people are unavailable:

* I authorise the leaders to obtain medical advice and/or assistance, which they deem necessary.
* I further authorise qualified practitioners to administer anaesthetic if required.
* I accept all operation, blood transfusion and/or anaesthetic risks involved in the event that such procedures are deemed necessary.
* I accept the responsibility for payment and agree to pay medical, transport and any other related expenses.
* I confirm that the information contained in this application is true and correct.
* I agree to inform the leader of any change to these details.

In attending the program, you consent to the participant’s transportation off-site to various programmed activities if necessary

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| **PARTICIPANT** **DECLARATION** | | | | | | | |
| I will fully cooperate with the staff, abide by the rules and attend all activities for the duration of the camp.  I understand that failure to comply with these rules may result in being sent home. | | | | | | |
| Your name: |  | | | | Date: |  | |
| Your signature |  | | | | | | |
| **PARENT/CAREGIVER** | | | | | | |
| Name of caregiver: |  | | | Date: | |  | |
| Signature of caregiver: |  | | | | | | |
| If other than a parent or  guardian  , please indicate relationship to child: |  | | | | | | |
| **CO/YOUTH LEADER SIGN OFF** | | | | | | | | |
| * I have checked that this form is filled out in full, complete with caregiver and participant signatures. * I confirm this participant’s association with our corps and/or its members. * I endorse this camper’s attendance at this event. | | | | | | | | |
| CO/Youth/Children’s Leader name: |  | | | Date: | |  | | |
| CO/Youth/Children’s Leader signature: |  | | | | | | | |
| **DIVISIONAL SIGN OFF** | | | | | | | | |
| Div. Children’s/Youth Secretary Name: |  | Div. Children’s/Youth Secretary Signature: |  | | | | | |

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| Participant’s Name |  | Surname: |  |

**PROGRAM INFORMATION**

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| Listed below are the streams, which will be offered. Participants will be required to participate in one subject in each stream.  In order to accommodate all participants and ensure subjects have appropriate numbers you are requested to choose two preferences  Note: All campers will automatically be allocated to the Vocal stream |

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| --- | --- | --- | --- | --- | --- |
| **Instrumental Stream** | **Please number 1 – 2** | **Creative Stream** | **Please number 1 – 2** | **Vocal Stream** |  |
| Band |  | Drama |  | Vocal |  |
| Ukelele Ensemble |  | Dance |  |  |  |
| Percussion Ensemble |  | Visual Arts |  |  |  |
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| Instrument [s] |  |
| How many years have you played? |  |

**Part 2: SAFETY & CARE DETAILS**

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

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| In case of an emergency, please list phone numbers where you and a friend or relative may be contacted during the course of the program. |

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| --- | --- | --- |
| Name: | Relationship: | Phone number: (mobile preferred) |
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INFORMATION ON RELEVANT CONDITIONS

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| Are there any conditions, which require special attention that we should know about, e.g. hearing or sight impairment, ADD or ADHD, behaviour issues, formal counselling situations, or any other? | Yes/No |
| Please list: | |

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| --- | --- |
| Do you/your child have any special dietary requirements? | Yes/No |
| If so, please list them: (We will endeavour to meet these requirements, and will contact you if necessary) | |

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| Are you/your child subject to sleepwalking? | Yes/No |

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| **MEDICAL INFORMATION** |

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| --- | --- | --- | --- |
| Insurance Provider: |  | Membership #: |  |

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| --- | --- | --- | --- | --- | --- |
| Medicare #: |  | Number of person on Medicare Card: |  | Expiry date: |  |

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| --- | --- | --- | --- |
| Do you have ambulance cover? | Yes/No | Health care card number (if applicable): |  |

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| --- | --- |
| Will you/your child need to take any tablets or other medication during the course of the program? | Yes/No |
| If yes, please give details for administration: | |

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| **IMPORTANT: Please note that with regard to non-prescription medications such as paracetamol (e.g. Panadol), it is our policy that only the first-aider –in-charge can issue such medications and ONLY with written consent from a caregiver.** | |
| Do you give permission for your child to be administered paracetamol by the first-aider-in-charge (if required)? | Yes/No |
| Have you/your child been taken off medication recently? | Yes/No |
| If yes, please give details: | |

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| --- | --- |
| What is the year of you/your child’s last tetanus injection? |  |

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| Please indicate if there are any medical conditions or allergies we should be aware of? |
| If yes, please give details: |

**Part 3: PAYMENT DETAILS**

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

|  |  |
| --- | --- |
| Payment method: | CREDIT CARD (complete details below) / CHEQUE / MONEY ORDER |
| Amount enclosed: |  |

**Credit Card Details**

|  |  |
| --- | --- |
| Name on Card |  |
| Card Number: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Expiry Date: |  | Amount: | $ |

|  |  |
| --- | --- |
| Card type: | VISA / MASTERCARD |

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Full Payment due – MONDAY 5 JULY (Late fees apply)

**Office use only |** Payment for WA Junior Creative Arts Holiday Program | GL 84 1763 866 4172

Received: Entered [ / ] Initial [ ]

Sent to Finance [ / ] Initial [ ] Receipt Sent [ / ] Initial [ ]

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|  | Junior Creative Arts Holiday Program is an official event of The Salvation Army.  Produced by the National Worship Arts Team of the Australia Territory. 95–99 Railway Rd, Blackburn, Vic., 3130. jcac@aus.salvationarmy.org | | Text  Description automatically generated |
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