

Holiday Programme Registration

General Information

Please complete the general information section to register your child for the Holiday Programme.

Child's Name.....

Age:..... DOB:..... Sex: M F

School Attending:.....

Child's Address:.....

Suburb.....

Postcode:..... Ethnicity.....

PARENT/CAREGIVER'S DETAILS

Parent/Caregiver's Name:.....

Home Ph:..... Mobile:..... Work Ph:.....

E-mail:.....

Child's Doctor:

Ph:..... Medical Centre.....

ALTERNATIVE EMERGENCY DETAILS #1

Name:.....

Phone:..... Mobile:.....

Relationship to Child:

ALTERNATIVE EMERGENCY DETAILS #2

Name:.....

Phone:..... Mobile:.....

Relationship to Child:

WORK AND INCOME DETAILS

Is this a Work and Income (WINZ) application? Yes No

WINZ Number:.....

NIPPERS (5-8) JUNIORS(8-10) SENIORS(11-13)

ADDITIONAL PEOPLE WHO MAY PICK UP YOUR CHILD

Name 1:.....

Name 2:.....

Name 3:.....

Special instructions regarding collection and access to child:

Is there anything else we need to know?.....

Please advise and complete relevant forms for behaviour management or medical details. If your child is signing themselves in and out of our programmes correct forms must be completed to authorise this.

DAY PROGRAMME SELECTION

	Breakfast Club 7am - 9am	Holiday Programme #1 9am - 3:45pm	Holiday Programme #2 9am - 5:45pm	Daily Cost
Monday 16 th April	\$10.00 <input type="checkbox"/>	\$30.00 <input type="checkbox"/>	\$40.00 <input type="checkbox"/>	
Tuesday 17 th April	\$10.00 <input type="checkbox"/>	\$30.00 <input type="checkbox"/>	\$40.00 <input type="checkbox"/>	
Wednesday 18 th April	\$10.00 <input type="checkbox"/>	\$30.00 <input type="checkbox"/>	\$40.00 <input type="checkbox"/>	
Thursday 19 th April	\$10.00 <input type="checkbox"/>	\$30.00 <input type="checkbox"/>	\$40.00 <input type="checkbox"/>	
Friday 20 th April	\$10.00 <input type="checkbox"/>	\$30.00 <input type="checkbox"/>	\$40.00 <input type="checkbox"/>	
Monday 23 rd April	\$10.00 <input type="checkbox"/>	\$30.00 <input type="checkbox"/>	\$40.00 <input type="checkbox"/>	
Tuesday 24 th April	\$10.00 <input type="checkbox"/>	\$30.00 <input type="checkbox"/>	\$40.00 <input type="checkbox"/>	
Wednesday 25 th April	ANZAC DAY			
Thursday 26 th April	\$10.00 <input type="checkbox"/>	\$30.00 <input type="checkbox"/>	\$40.00 <input type="checkbox"/>	
Friday 27 th April	\$10.00 <input type="checkbox"/>	\$30.00 <input type="checkbox"/>	\$40.00 <input type="checkbox"/>	

Holiday Programme Total \$

DIRECT DEBIT DETAILS

Payments can be Direct Credited to: YMCA Gisborne. ANZ / Gisborne Branch

ACCOUNT NUMBER: 06-0637-0013693-00

Please state your child's name as the reference.

WHY NOT START PAYING EARLY BY SETTING UP AN AUTOMATIC PAYMENT OPTION, SO WHEN THE HOLIDAYS START YOUR ACCOUNT IS ALL SORTED. SEE CUSTOMER SERVICES FOR MORE DETAILS



YMCA Gisborne City
Corner Roebuck Road & Childers Road
PH 06 867 9259

Health Details

Please provide your child's health details.

Please select if your child has, has had or regularly suffers from any of the following in the last 6 months:

- Migraines Diabetes Nose bleeds Epilepsy Travel sickness
 Heart condition Asthma Fits Infectious Diseases/Viruses
 Breaks/Fractures ADHD ADD Eczema
 Other (Please specify):.....

When was your child's last tetanus injection:.....

Does your child currently take any medication or are they required to carry prescription medication: Yes No

If you selected yes please provide details and complete a medical form (see staff):

Condition:.....

Name of medication:.....

Dosage and to be taken:.....

Times to be taken:.....

Does your child self medicate (As with Asthma): Yes No

Does your child have any allergies? Yes No

If yes please provide detail

Does your child have any special dietary requirements? Yes No

If yes please provide details

Does your child have a diagnosed or undiagnosed special need(s) Yes No

If yes please provide details and complete special needs form (See staff)

Is there any information that would be helpful for staff to know to ensure the physical and emotional safety of your child? (For example cultural practices or disabilities)

How would you rate your child's swimming ability:

COMPETENT -Can swim 50m and tread water to keep afloat.

AVERAGE - Can tread water to keep themselves afloat.

POOR- none of the above

Are there any special requirements for your child in or around water?

Consent and Payment

TERMS & CONDITIONS

1)The information collected in this form is for the purposes of service delivery. It may be viewed by Child, Youth and Family and is managed in accordance with the Privacy Act 1993.

2)Bookings are subject to spaces available and submitting completed registration forms. WINZ bookings require confirmation of full support from WINZ.

3)YMCA is not responsible for the loss or damage of personal items left in the child's possession.

4)Parents/Caregivers are liable for late fees of \$5 for every 10 minutes or part there of after the programme finishes at 5:45pm

5)Overdue amounts may be referred to a debt collection agency. Any expenses, disbursements and legal costs incurred by YMCA of Gisborne Inc, in the enforcement of any rights contained in this contract shall be paid by the customer, including any solicitor's fees and/or debt collection agency fees. In the event of an emergency where we are unable to contact you we will proceed to administer medication and assist the child as deemed appropriate in the circumstance.

6) Parents/Caregivers must apply sunscreen to child prior to drop off, and are required to supply child with sufficient morning tea, lunch, drinks and a sun hat on each day of attendance.

7)Parents/Caregivers agree and give permission for their child to participate in the activities scheduled on and off sight.

8)Parents/Caregivers agree and give permission for their child to be transported to and from the excursion activities scheduled.

9)Parents/Caregivers are welcome to observe their child while on the programme, however if staff feel that this is affecting participants or activities, you may be asked to leave.

10)The YMCA reserves the right to change an activity and will provide notification as soon as possible.

11)Children **MUST BE** signed in and out of the programme at the time of drop off and collection.

12)Your child must be dropped off to the programme before 9.15am otherwise you will be responsible for transporting them to the activities.

13)Parents/Caregivers must provide written notification for their child to sign themselves in or out of the programme if they are walking or biking to or from the programme (using the forms provided at reception).

14)Children will not be released to any person not named in the registration process without prior written consent.

14)**FULL FEES** will apply to booked absences.

15)No refunds or transfers are available .

16)YMCA staff may obtain medical treatment for your child when required at your expense.

17)If your child has any special circumstances, parents/caregivers must notify staff of their requirements and implications they may cause on enrolment.

18)YMCA staff are not responsible for children before or after the times notified on the programme.

19)Staff will do their best to ensure a safe experience and the YMCA and its staff will be free and clear of all liability in the event that any injury, damage or loss is sustained by your child or to personal effects.

20)Programme policy and procedures are available at reception if you wish to access at any time. This identifies areas in health and safety, supervision, behavior management and complaints.

21) If your child attends our programme outside their booked hours, a fee of \$8 for an early drop off and \$8 for a later pick up will be charged where applicable.

PERMISSION

I give permission for my child to be photographed Yes No
and for these photos to be used for marketing purposes only

I give permission for sun block to be applied to my child when needed ...
Yes No

Parent/Caregiver.....

Signed:.....

CONSENT

By signing this registration form I hereby acknowledge that I have read, understand and accept YMCA standard terms and conditions for day programmes and that the information that I have provided is true and correct to the best of my knowledge.

Parent/Caregiver:.....

Signature.....Date:.....

OFFICE USE ONLY

RECEIVED BY:DATE RECEIVED:.....ENTERED BY:.....DATE ENTERED:.....ID #.....