

YMCA OSCAR Disraeli St Registration Form

General Information

Please complete the general information section to register your child for the YMCA MAIN O.S.C.A.R Programme.

Child's Name:.....

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

School Attending:.....

Child's Address:.....

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

PARENT/CAREGIVER'S DETAILS

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

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

E-mail:.....

Child's Doctor:.....

Doctors Phone :.....

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:.....

TICK IF YOU WISH FOR YOUR ACCOUNT TO BE EMAILED TO YOU

ADDITIONAL PEOPLE WHO MAY PICK UP YOUR CHILD

Name 1:.....

Name 2:.....

Special instructions regarding collection and access to child:.....

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

ANY SIBLINGS IN SAME FAMILY ENROLLED IN OSCAR

Name 1:.....

Name 2:.....

Name 3:.....

Name 4:.....

YMCA DISRAELI STREET OSCAR DAY SELECTION

	Before School Care 6:45-9:00am	PLEASE TICK	After School Care 3:45-5:45 pm	PLEASE TICK
Monday	\$10.00		\$16.00	
Tuesday	\$10.00		\$16.00	
Wednesday	\$10.00		\$16.00	
Thursday	\$10.00		\$16.00	
Friday	\$10.00		\$16.00	
WEEK TOTAL				
CASUAL	\$12.00		\$20.00	

DIRECT DEBIT DETAILS

Payments can be Direct Credited to:

YMCA Gisborne. ANZ / Gisborne Branch

ACCOUNT NUMBER: 06-0637-0013693-77

Please state 'OSCAR' and your 'child's name' as the reference

START DATE FOR YOUR CHILD

...../...../.....

PLEASE NOTIFY THE SCHOOL TO ADVISE YOUR CHILD WILL BE ATTENDING OSCAR

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 Fits
 Travel sickness Heart condition Asthma Eczema
 Infectious Diseases/Viruses Breaks/Fractures ADHD
 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 details:

.....

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?

Terms and conditions

TERMS & CONDITIONS

- 1)The information collected in this form is for the purposes of service delivery. 2)It may be viewed by Child, Youth and Family and is managed in accordance with the Privacy Act 1993.
- 3)Bookings are subject to spaces available and submitting completed registration and WINZ forms.
- 4)WINZ bookings require confirmation of full support from WINZ.
- 5)YMCA is not responsible for the loss or damage of personal items left in the child's possession.
- 6)Parents/Caregivers are liable for late fees at \$5 for every 10 minutes or part there of.
- 7)The YMCA reserves the right to remove a child from the programme if they do not have current registration forms or WINZ subsidy.
- 8)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.
- 9)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.
- 10)Parents/Caregivers agree and give permission for their child to participate in the activities scheduled.
- 11)Parents/caregivers agree for their child to be transported to and from the excursion activities scheduled.
- 12)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.
- 13)The YMCA reserves the right to change an activity and will provide notification as soon as possible.
- 14)Sunblock will be applied to children as needed.
- 15)Children **MUST BE** signed out of the programme at the time of collection.
- 16)Parents/Caregivers must provide written notification for their child to sign themselves out of the programme if they are walking or biking from the programme (using the forms provided at reception).
- 17)Children will not be released to any person not named in the registration

process without prior written consent.

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

19)No refunds or transfers are available .

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

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

22) YMCA staff are not responsible for children before or after the times booked into on the programme.

23)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.

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

PERMISSION/CONSENT

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 **Yes** **No**

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:

WINZ FORMS

The Parent/Caregiver is responsible to ensure that the completed WINZ subsidy form is handed in at the WINZ office for processing.

OFFICE USE ONLY

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