



April Holiday Programme Registration

Please complete all sections

CHILD #1 DETAILS

Child's First Name:..... Child's Surname :.....

Child's Date of Birth..... Age: M F Child's School :

Child's Iwi :..... Preferred language :.....

NIPPERS (5-7) **JUNIORS(8-10)** **SENIORS(11-13)** Allergies Travel Sickness Nose bleeds Diabetes

Health Concerns:Medicated? Yes No

Medical Concerns :..... Medicated? Yes No

Behavioral Concerns :..... Medicated? Yes No

If you have indicated any of the above concerns please complete a **Health Care form**, available from the **OSCAR MANAGER**.

If your child will be signing themselves in or out of programme, please complete a **Permission form**, available from **OSCAR MANAGER**.

Swimming Ability : Please circle which one applies to your child:

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

AVERAGE- Can tread water to keep themselves afloat.

POOR- none of these

PARENT/CAREGIVER'S DETAILS

Mother /Caregiver's Name:..... Contact number:

Place of work : Work Ph:

Father /Caregiver's Name:..... Contact number:

Place of work : Work Ph:.....

GENERAL INFORMATION

Street Address: Suburb : Postcode

Main contact E-mail: Home Ph :

Medical Centre: Doctor Ph:

If you have advised of any medical, health or behavioral concerns please complete additional **MEDICAL** form available from **OSCAR Manager**.

ALTERNATIVE EMERGENCY DETAILS #1

Name: Relationship to Child:

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

ALTERNATIVE EMERGENCY DETAILS #2

Name: Relationship to Child:

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

ANY OTHER PEOPLE AUTHORISED TO COLLECT YOUR CHILDREN OTHER THAN PARENTS OR EMERGENCY CONTACTS:

Name: Relationship to Child:

Name: Relationship to Child:

Additional Children & Information

CHILD #2 DETAILS

Child's First Name:..... Child's Surname :

Child's Date of Birth..... Age: M F Child's School :

Child's Iwi : Preferred language :

NIPPERS (5-7) **JUNIORS(8-10)** **SENIORS(11-13)** Allergies Travel Sickness Nose bleeds Diabetes

Health Concerns:Medicated? Yes No

Medical Concerns : Medicated? Yes No

Behavioral Concerns : Medicated? Yes No

If you have indicated any of the above concerns please complete a MEDICAL FORM, available from the OSCAR MANAGER.

If your child will be signing themselves in or out of programme, please complete a permission form, available from OSCAR MANAGER.

Swimming Ability : Please circle which one applies to your child:

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

AVERAGE- Can tread water to keep themselves afloat

POOR- none of these

CHILD #3 DETAILS

Child's First Name:..... Child's Surname :

Child's Date of Birth..... Age: M F Child's School :

Child's Iwi : Preferred language :

NIPPERS (5-7) **JUNIORS(8-10)** **SENIORS(11-13)** Allergies Travel Sickness Nose bleeds Diabetes

Health Concerns:Medicated? Yes No

Medical Concerns : Medicated? Yes No

Behavioral Concerns :Medicated? Yes No

If you have indicated any of the above concerns please complete a MEDICAL FORM, available from the OSCAR MANAGER.

If your child will be signing themselves in or out of programme, please complete a permission form, available from OSCAR MANAGER.

Swimming Ability : Please circle which one applies to your child:

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

AVERAGE- Can tread water to keep themselves afloat.

POOR- none of these

PERSONAL INFORMATION WE SHOULD KNOW: E.G. COURT ORDERS/PROTECTION ORDERS/CUSTODY AGREEMENTS.

Please provide copies to OSCAR MANAGER

.....
Is there any other information that we may need to know in regards to your child and their attendance to our YMCA OSCAR Holiday Programme other than what you have already provided? If yes please advise:
.....

WORK AND INCOME DETAILS

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

A DEPOSIT OF \$50 PER CHILD IS REQUIRED FOR ALL WINZ CLIENTS ON ENROLMENT.

IF NOT WINZ SUBSIDIES FULL PAYMENT IS REQUIRED ON REGISTRATION.

Terms, Conditions and Consent

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) Behaviour Concerns: Children who show challenging behaviour at / or during the programme could result in exclusion from external activities and will remain onsite.
- 4) YMCA is not responsible for the loss or damage of personal items left in the child's possession.
- 5) Parents/Caregivers are liable for late fees of \$5 for every 10 minutes or part thereof after the programme finishes at 5:45pm.
- 6) 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.
- 7) 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.
- 8) Parents/Caregivers agree and give permission for their child to participate in the activities scheduled on and off sight.
- 9) Parents/Caregivers agree and give permission for their child to be transported to and from the excursion activities scheduled.
- 10) 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.
- 11) The YMCA reserves the right to change an activity and will provide notification as soon as possible, where applicable.
- 12) Children **MUST BE SIGNED IN AND OUT** of the programme at the time of drop off and collection.
- 13) Your child must be dropped off to the programme before 9:15am otherwise you will be responsible for transporting them to the activities.
- 14) 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).
- 15) Children will not be released to any person not named in the registration process without prior written consent.
- 16) **FULL FEES** will apply to booked absences. 17) **NO** refunds or transfers are available.
- 18) YMCA staff may obtain medical treatment for your child when required at your expense.
- 19) If your child has any special circumstances, parents/caregivers must notify staff of their requirements and implications they may cause on enrolment.
- 20) YMCA staff are not responsible for children before or after the times notified on the programme.
- 21) 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.
- 22) 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.
- 23) If your child attends our programme outside their booked hours, a fee of \$10 for an early drop off and \$10 for a later pick up will be charged where applicable.
- 24) By signing this registration form you are acknowledging that you are responsible for all financial contribution and payment of this registration and any accounts associated with it.

PERMISSION/CONSENT

I give permission for my child/ren to participate in all activities provided by the YMCA Gisborne. Yes No

I give permission for my child/ren to be photographed and for these photos to be used for marketing purposes on the following:

WEBSITE FACEBOOK/SOCIAL MEDIA LOCAL NEWSPAPER YMCA NEWSLETTER POSTERS/FLYERS VIDEOS

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

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:.....

OSCAR Holiday Programme Bookings

		DATE	BREAKFAST CLUB 6:45am - 9:00am	HOLIDAY PROGRAMME 9:00am - 3:45pm	AFTERCARE 9am - 3.45pm	TOTAL COST
CHILD #1	WEEK ONE	Monday 10 th April	EASTER MONDAY			
		Tuesday 11 th April	\$10.00 <input type="checkbox"/>	\$45.00 <input type="checkbox"/>	\$10.00 <input type="checkbox"/>	
		Wednesday 12 th April	\$10.00 <input type="checkbox"/>	\$45.00 <input type="checkbox"/>	\$10.00 <input type="checkbox"/>	
		Thursday 13 th April	\$10.00 <input type="checkbox"/>	\$45.00 <input type="checkbox"/>	\$10.00 <input type="checkbox"/>	
		Friday 14 th April	\$10.00 <input type="checkbox"/>	\$45.00 <input type="checkbox"/>	\$10.00 <input type="checkbox"/>	
	WEEK TWO	Monday 17 th April	\$10.00 <input type="checkbox"/>	\$45.00 <input type="checkbox"/>	\$10.00 <input type="checkbox"/>	
		Tuesday 18 th April	\$10.00 <input type="checkbox"/>	\$45.00 <input type="checkbox"/>	\$10.00 <input type="checkbox"/>	
		Wednesday 19 th April	\$10.00 <input type="checkbox"/>	\$45.00 <input type="checkbox"/>	\$10.00 <input type="checkbox"/>	
		Thursday 20 th April	\$10.00 <input type="checkbox"/>	\$45.00 <input type="checkbox"/>	\$10.00 <input type="checkbox"/>	
		Friday 21 st April	\$10.00 <input type="checkbox"/>	\$45.00 <input type="checkbox"/>	\$10.00 <input type="checkbox"/>	

		DATE	BREAKFAST CLUB 6:45am - 9:00am	HOLIDAY PROGRAMME 9:00am - 3:45pm	AFTERCARE 3.45pm - 5:45pm	TOTAL COST
CHILD #2	WEEK ONE	Monday 10 th April	EASTER MONDAY			
		Tuesday 11 th April	\$10.00 <input type="checkbox"/>	\$45.00 <input type="checkbox"/>	\$10.00 <input type="checkbox"/>	
		Wednesday 12 th April	\$10.00 <input type="checkbox"/>	\$45.00 <input type="checkbox"/>	\$10.00 <input type="checkbox"/>	
		Thursday 13 th April	\$10.00 <input type="checkbox"/>	\$45.00 <input type="checkbox"/>	\$10.00 <input type="checkbox"/>	
		Friday 14 th April	\$10.00 <input type="checkbox"/>	\$45.00 <input type="checkbox"/>	\$10.00 <input type="checkbox"/>	
	WEEK TWO	Monday 17 th April	\$10.00 <input type="checkbox"/>	\$45.00 <input type="checkbox"/>	\$10.00 <input type="checkbox"/>	
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		Thursday 20 th April	\$10.00 <input type="checkbox"/>	\$45.00 <input type="checkbox"/>	\$10.00 <input type="checkbox"/>	
		Friday 21 st April	\$10.00 <input type="checkbox"/>	\$45.00 <input type="checkbox"/>	\$10.00 <input type="checkbox"/>	

		DATE	BREAKFAST CLUB 6:45am - 9:00am	HOLIDAY PROGRAMME 9:00am - 3:45pm	AFTERCARE 3.45pm - 5:45pm	TOTAL COST
CHILD #3	WEEK ONE	Monday 10 th April	EASTER MONDAY			
		Tuesday 11 th April	\$10.00 <input type="checkbox"/>	\$45.00 <input type="checkbox"/>	\$10.00 <input type="checkbox"/>	
		Wednesday 12 th April	\$10.00 <input type="checkbox"/>	\$45.00 <input type="checkbox"/>	\$10.00 <input type="checkbox"/>	
		Thursday 13 th April	\$10.00 <input type="checkbox"/>	\$45.00 <input type="checkbox"/>	\$10.00 <input type="checkbox"/>	
		Friday 14 th April	\$10.00 <input type="checkbox"/>	\$45.00 <input type="checkbox"/>	\$10.00 <input type="checkbox"/>	
	WEEK TWO	Monday 17 th April	\$10.00 <input type="checkbox"/>	\$45.00 <input type="checkbox"/>	\$10.00 <input type="checkbox"/>	
		Tuesday 18 th April	\$10.00 <input type="checkbox"/>	\$45.00 <input type="checkbox"/>	\$10.00 <input type="checkbox"/>	
		Wednesday 19 th April	\$10.00 <input type="checkbox"/>	\$45.00 <input type="checkbox"/>	\$10.00 <input type="checkbox"/>	
		Thursday 20 th April	\$10.00 <input type="checkbox"/>	\$45.00 <input type="checkbox"/>	\$10.00 <input type="checkbox"/>	
		Friday 21 st April	\$10.00 <input type="checkbox"/>	\$45.00 <input type="checkbox"/>	\$10.00 <input type="checkbox"/>	

OFFICE USE ONLY

	First Name	Surname	Date Received	Date Entered	CHILDS ID #
1					
2					
3					

DEPOSIT PAID.....RECEIPT #..... DATE RECEIVED:..... SIGNED

DIRECT DEBIT DETAILS

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

ACCOUNT NUMBER: 06-0637-0013693-77

PLEASE STATE YOUR CHILD'S NAME &
ACCOUNT # AS THE REFERENCE.