

The Y OSCAR KAITI SCHOOL REGISTRATION

Date of Application Age group

Kakano 5-7 years Puawai 8-10 years Totara 11-13 years

Child's Details

First names		Surname	
DOB	Male <input type="checkbox"/> Female <input type="checkbox"/>	Address	
Does your child suffer from any of the following conditions: (please tick)			
Allergies <input type="checkbox"/> Travel sickness <input type="checkbox"/> Nose Bleeds <input type="checkbox"/> Diabetes <input type="checkbox"/>			
Preferred Language		Ethnicity	
Iwi		School	

Parent/Caregiver information

Mother/Caregiver name	Phone
Place of work	Email
Father/Caregiver name	Phone
Place of work	Email

Consent

PERMISSIONS: Please tick the following that applies to your child

Can have photos YES NO

Can be videoed for marketing purposes YES NO

Can use images for newsletters and notices YES NO

I give consent for my child to go on excursions YES NO

Swimming Ability

Competent **Average** **Poor**

Can swim 50m & tread water to keep afloat Can tread water to keep themselves afloat Cannot stay afloat without help

Health/Behavioral

Doctor	Medical Centre
Special diet	Allergies
Health Concerns	Medications
Behavioral Concerns	

If you have indicated any of the above concerns please complete a Health Care or Medical form. This is available from the OSCAR Manager

Alternative emergency details

Name	Relationship to child
Cellphone	Work phone
Name	Relationship to child
Cellphone	Work phone

Anyone else authorised to collect the child other than parents or emergency contacts

Name	Relationship to child
Cellphone	Work phone
Name	Relationship to child
Cellphone	Work phone

If your child will be signing themselves in or out of the programme, a permission form needs to be completed. This is available from the OSCAR manager.

Additional children

Age group

Kakano 5-7 years Puawai 8-10 years Totara 11-13 years

Child's #2 Details

First names		Surname	
DOB	Male <input type="checkbox"/> Female <input type="checkbox"/>	Address	
Does your child suffer from any of the following conditions: (please tick)			
Allergies <input type="checkbox"/> Travel sickness <input type="checkbox"/> Nose Bleeds <input type="checkbox"/> Diabetes <input type="checkbox"/>			
Preferred Language		Ethnicity	
Iwi		School	

Can have photos YES NO

Can be videoed for marketing purposes YES NO

Can use images for newsletters and notices YES NO

I give consent for my child to go on excursions YES NO

Swimming Ability

Competent

Average

Poor

Can swim 50m & tread water to keep afloat

Can tread water to keep themselves afloat

Cannot stay afloat without help

Health/Behavioral

Doctor	Medical Centre
Special diet	Allergies
Health Concerns	Medications

Behavioral Concerns

If you have indicated any of the above concerns please complete a Health Care or Medical form. This is available from the OSCAR Manager

Additional children

Age group

Kakano 5-7 years Puawai 8-10 years Totara 11-13 years

Child's #3 Details

First names		Surname	
DOB	Male <input type="checkbox"/> Female <input type="checkbox"/>	Address	
Does your child suffer from any of the following conditions: (please tick)			
Allergies <input type="checkbox"/> Travel sickness <input type="checkbox"/> Nose Bleeds <input type="checkbox"/> Diabetes <input type="checkbox"/>			
Preferred Language		Ethnicity	
Iwi		School	

Can have photos YES NO

Can be videoed for marketing purposes YES NO

Can use images for newsletters and notices YES NO

I give consent for my child to go on excursions YES NO

I give consent for sun block to be applied YES NO

Swimming Ability

Competent

Average

Poor

Can swim 50m & tread water to keep afloat

Can tread water to keep themselves afloat

Cannot stay afloat without help

Health/Behavioral

Doctor	Medical Centre
Special diet	Allergies
Health Concerns	Medications
Behavioral Concerns	

If you have indicated any of the above concerns please complete a Health Care or Medical form. This is available from the OSCAR Manager

Additional information

Personal information we should know

Court orders

Custody agreement

Protection orders

Please provide copies to the OSCAR Manager

Is there any other information that we may need to know if regards to your child and their attendance to the YMCA OSCAR Programme?

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 your child is not WINZ subsidized full payment is required to complete registration.**

WINZ FORMS

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

Terms, conditions and consent

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

Parent/Caregiver.....

Signature.....

Date.....

Start date for the child.....

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

Y OSCAR KAITI SCHOOL Programme bookings

CONFIRM BOOKING: Please tick the days you would like to enrol your child/ren.

Cost: \$13.00 per day

2.30pm-5.45pm

Child 1:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Child 2:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Child 3:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

OFFICE USE ONLY

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

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

DIRECT DEBIT DETAILS

YMCA Gisborne,
ANZ / Gisborne Branch

ACCOUNT NUMBER:
06-0637-0013693-77

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