

Holiday Programme Registration Form

Please Complete **ALL** sections

DATE OF REGISTRATION

CHILDS INFORMATION

/ /

First Names :

Last Name :

Date of Birth : / /

AGE:

Child's School:

Preferred Language:

Nationality:

Child's Iwi

Gender : Male Female

Allergies: (Please tick) Travel Sickness Nose Bleeds Diabetes

Medicated? Yes No

Health Concerns:

Medicated? Yes No

Medical Concerns:

Medicated? Yes No

Behavioural Concerns:

PLEASE NOTE: 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 the programme, please complete a **Permission Form**, available from the **OSCAR Manager**.

SWIMMING ABILITY:

COMPETENT Can swim 50 metres and tread water to keep afloat

AVERAGE: Can tread water to keep themselves afloat

POOR: None of these

Swimming Ability Competent Average Poor

PARENT/CAREGIVERS DETAILS:

Mothers/Caregiver Name:

Father/Caregiver Name:

Contact Number

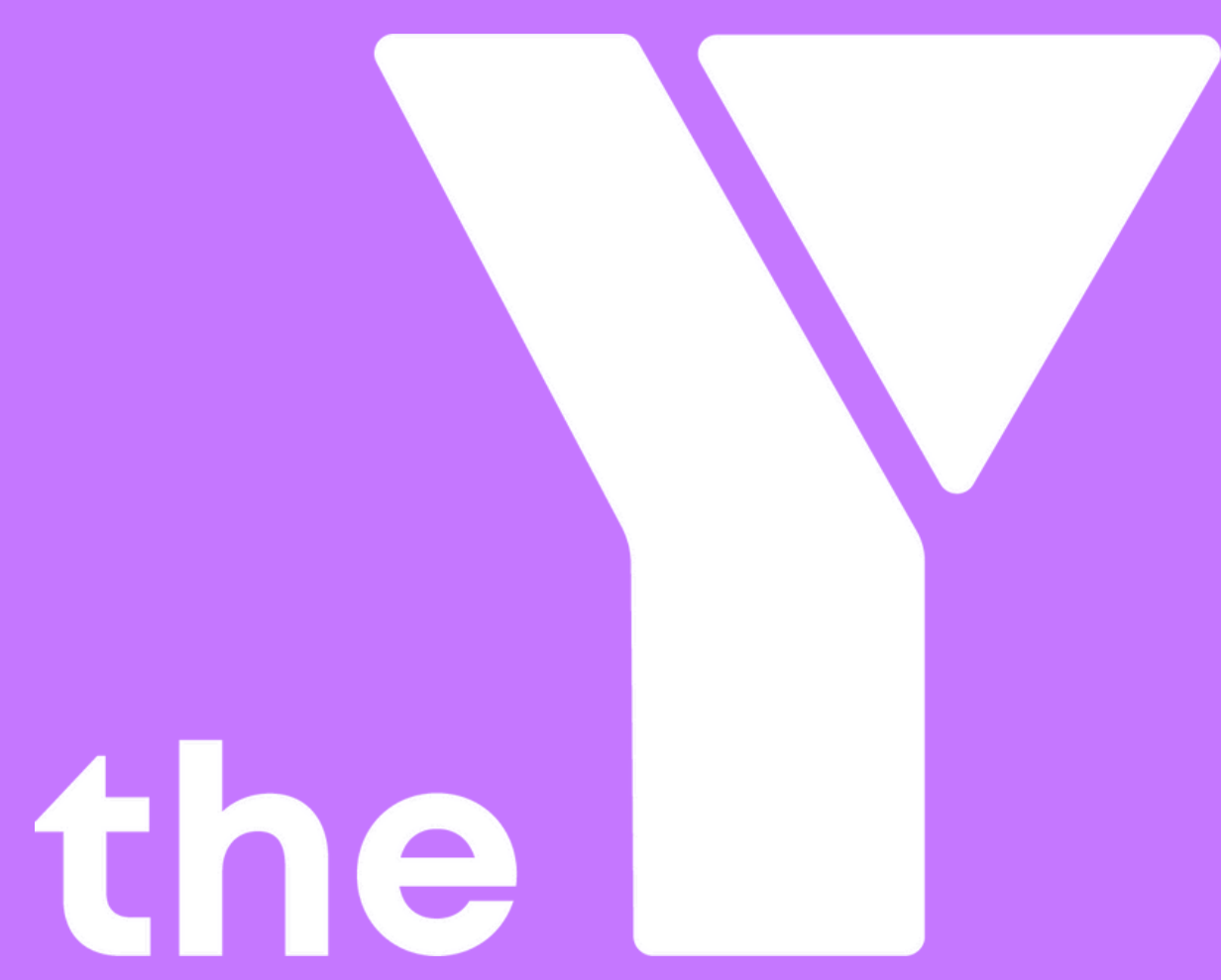
Contact Number

Place of work

Place of work

Work phone

Work phone



Holiday Programme Registration Form

Please Complete **ALL** sections

CHILDS #2 INFORMATION

| | | | |
|--------------------------|---|--------------------------------------|--|
| First Names : | <input type="text"/> | Last Name : | <input type="text"/> |
| Date of Birth : | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> | AGE: | <input type="text"/> |
| Child's School: | <input type="text"/> | Preferred Language: | <input type="text"/> |
| Nationality: | <input type="text"/> | Child's Iwi | <input type="text"/> |
| Gender : | <input type="checkbox"/> Male | <input type="checkbox"/> Female | |
| Allergies: (Please tick) | <input type="checkbox"/> Travel Sickness | <input type="checkbox"/> Nose Bleeds | <input type="checkbox"/> Diabetes |
| Health Concerns: | <input type="text"/> | Medicated? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Medical Concerns: | <input type="text"/> | Medicated? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Behavioural Concerns: | <input type="text"/> | Medicated? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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SWIMMING ABILITY:

COMPETENT Can swim 50 metres and tread water to keep afloat

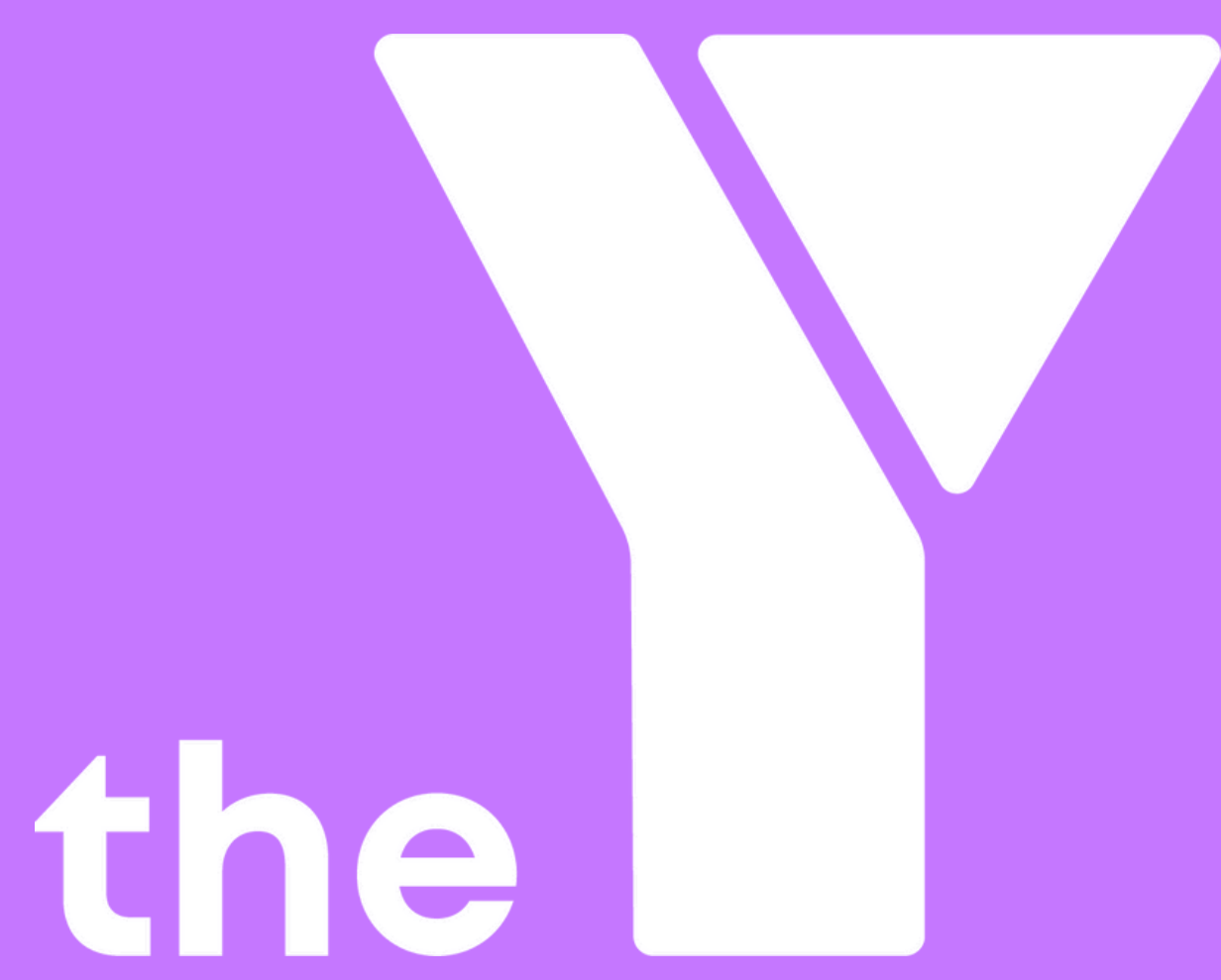
AVERAGE: Can tread water to keep themselves afloat

POOR: None of these

Swimming Ability Competent Average Poor

PARENT/CAREGIVERS DETAILS:

| | | | |
|-------------------------|----------------------|------------------------|----------------------|
| Mothers/Caregiver Name: | <input type="text"/> | Father/Caregiver Name: | <input type="text"/> |
| Contact Number | <input type="text"/> | Contact Number | <input type="text"/> |
| Place of work | <input type="text"/> | Place of work | <input type="text"/> |
| Work phone | <input type="text"/> | Work phone | <input type="text"/> |



Holiday Programme Registration Form

Please Complete **ALL** sections

CHILDS #3 INFORMATION

| | | | |
|--------------------------|---|--------------------------------------|--|
| First Names : | <input type="text"/> | Last Name : | <input type="text"/> |
| Date of Birth : | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> | AGE: | <input type="text"/> |
| Child's School: | <input type="text"/> | Preferred Language: | <input type="text"/> |
| Nationality: | <input type="text"/> | Child's Iwi | <input type="text"/> |
| Gender : | <input type="checkbox"/> Male | <input type="checkbox"/> Female | |
| Allergies: (Please tick) | <input type="checkbox"/> Travel Sickness | <input type="checkbox"/> Nose Bleeds | <input type="checkbox"/> Diabetes |
| Health Concerns: | <input type="text"/> | Medicated? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Medical Concerns: | <input type="text"/> | Medicated? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Behavioural Concerns: | <input type="text"/> | Medicated? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

PLEASE NOTE: 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 the programme, please complete a **Permission Form**, available from the **OSCAR Manager**.

SWIMMING ABILITY:

COMPETENT Can swim 50 metres and tread water to keep afloat

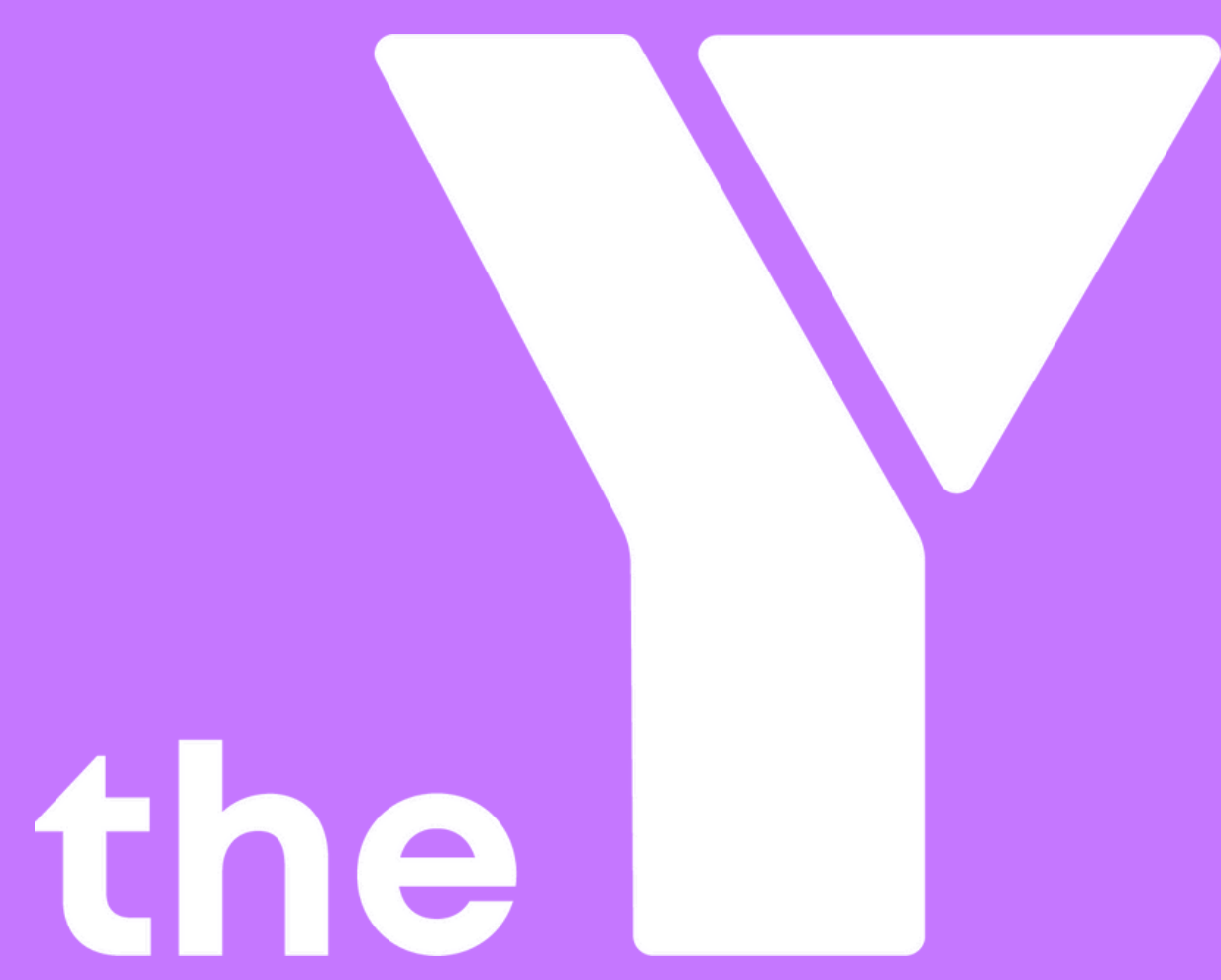
AVERAGE: Can tread water to keep themselves afloat

POOR: None of these

Swimming Ability Competent Average Poor

PARENT/CAREGIVERS DETAILS:

| | | | |
|-------------------------|----------------------|------------------------|----------------------|
| Mothers/Caregiver Name: | <input type="text"/> | Father/Caregiver Name: | <input type="text"/> |
| Contact Number | <input type="text"/> | Contact Number | <input type="text"/> |
| Place of work | <input type="text"/> | Place of work | <input type="text"/> |
| Work phone | <input type="text"/> | Work phone | <input type="text"/> |



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Please Complete **ALL** sections

GENERAL INFORMATION

| | | | |
|----------------|----------------------|---------------------|----------------------|
| Street address | <input type="text"/> | Suburb | <input type="text"/> |
| Postcode | <input type="text"/> | Main contact email: | <input type="text"/> |
| Home Phone | <input type="text"/> | Medical Centre | <input type="text"/> |
| Doctor | <input type="text"/> | Doctor phone | <input type="text"/> |

ALTERNATIVE EMERGENCY DETAILS

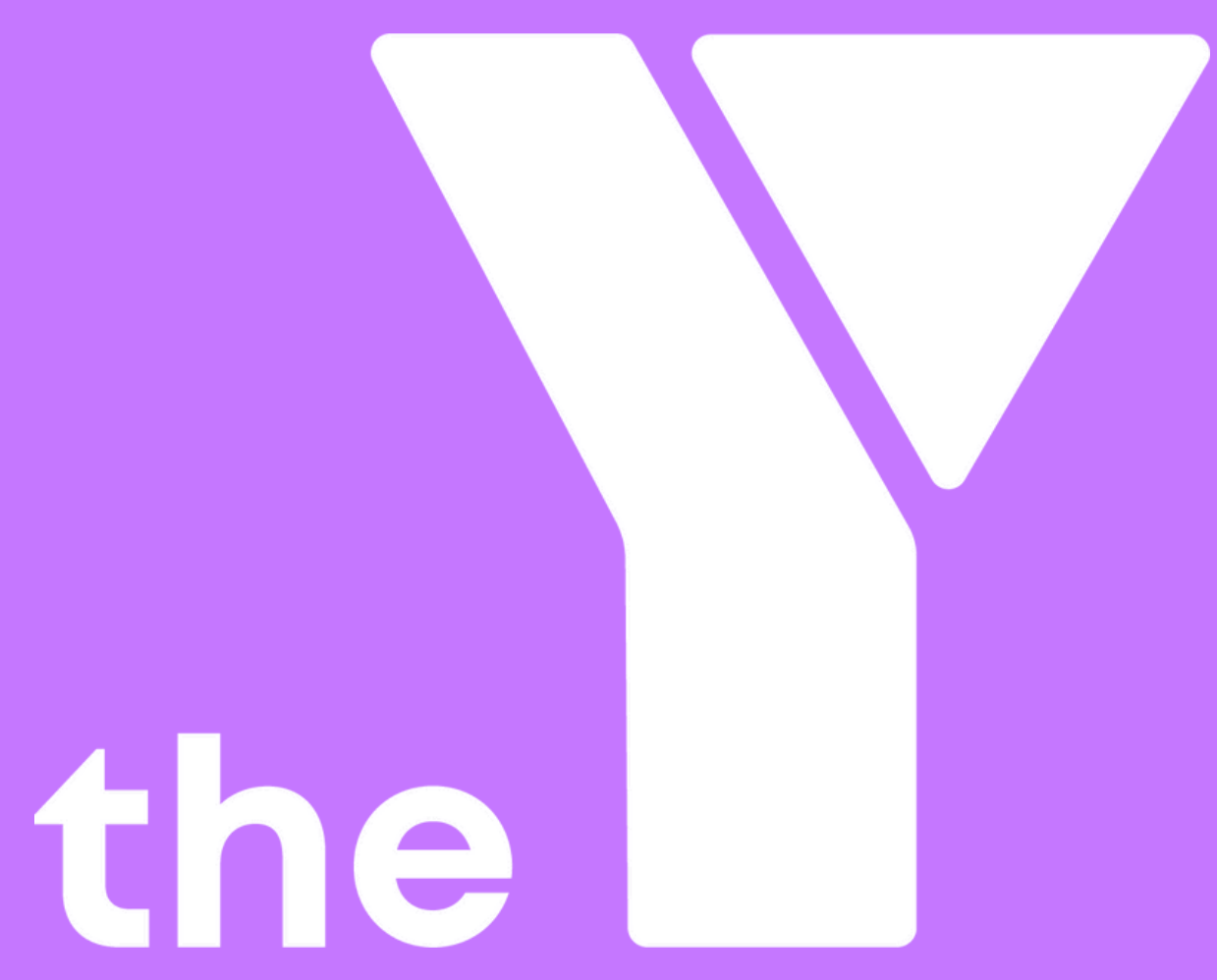
| | | | |
|--------|----------------------|-----------------------|----------------------|
| Name | <input type="text"/> | Relationship to child | <input type="text"/> |
| Mobile | <input type="text"/> | Work phone | <input type="text"/> |

ALTERNATIVE EMERGENCY DETAILS

| | | | |
|--------|----------------------|-----------------------|----------------------|
| Name | <input type="text"/> | Relationship to child | <input type="text"/> |
| Mobile | <input type="text"/> | Work phone | <input type="text"/> |

AUTHORISED PEOPLE TO COLLECT YOUR CHILD OTHER THAN PARENTS OF EMERGENCY CONTACTS

| | | | |
|--------|----------------------|-----------------------|----------------------|
| Name | <input type="text"/> | Relationship to child | <input type="text"/> |
| Mobile | <input type="text"/> | Work phone | <input type="text"/> |
| Name | <input type="text"/> | Relationship to child | <input type="text"/> |
| Mobile | <input type="text"/> | Work phone | <input type="text"/> |



Y OSCAR GISBORNE

Holiday Programme Registration Form

Please Complete **ALL** sections

PERSONAL INFORMATION WE SHOULD KNOW:

E.G. Court orders/Protection orders/Custody arrangements

ANY OTHER INFORMATION YOU FEEL WE NEED TO KNOW

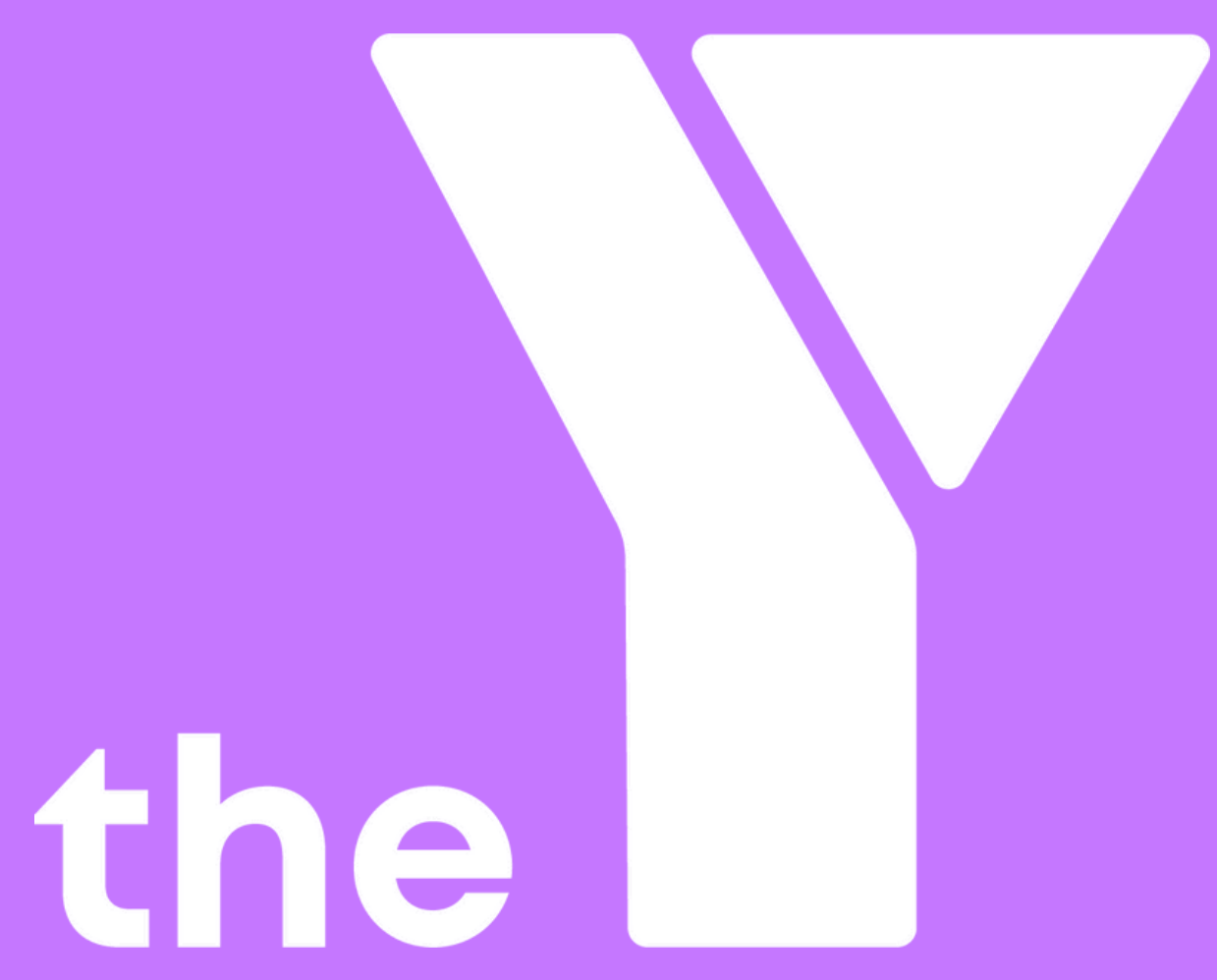
WORK & INCOME DETAILS:

Is this a Work & 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 requires on registration.



Y OSCAR GISBORNE

Terms, conditions and consent

1) PRIVACY STATEMENT

Personal information about your child collected on this enrolment form may be viewed by Oranga Tamariki – Ministry for children, or Ministry of Social Development who store it securely and treat it in accordance with the Privacy Act 2020. Information is disclosed to either Ministry:

- for funding allocation purposes
- for monitoring purposes, and as permitted by Privacy Principles 3, 10 and 11.

Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing.

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 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.

7) 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.

8) 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.

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

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

11) 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.

12) The YMCA reserves the right to change an activity and will provide notification as soon as possible, where applicable.

13) Children MUST BE SIGNED IN AND OUT of the programme at the time of drop off and collection.

14) Your child must be dropped off to the programme before 9:15am otherwise you will be responsible for transporting them to the activities.

15) 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).

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

17) FULL FEES will apply to booked absences.

18) NO refunds or transfers are available.

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

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

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

22) 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.

23) 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.

24) If your child attends our programme outside their booked hours, a fee of \$10 for an early drop off and \$10 for a late pick up will be charged where applicable.

25) 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.

26) The person enrolling the child into the Y OSCAR Holiday Programme has permission for the child to attend.

I HAVE READ AND UNDERSTAND THESE TERMS AND CONDITIONS, BY SIGNING THIS I AGREE TO ADHERE TO THEM:

SIGN:

DATE

| CHILD #1 | WEEK ONE | DATE | Holiday Programme 7.30am - 3:45am Breakfast included till 8.30am | AFTERCARE 3:45pm - 5.45pm | TOTAL COST |
|----------------------|----------------------|-------------------|--|------------------------------|------------|
| | | Monday 14th April | \$60.00 | \$20.00 | |
| Tuesday 15th April | \$60.00 | \$20.00 | | | |
| Wednesday 18th April | \$60.00 | \$20.00 | | | |
| Thursday 19th April | \$60.00 | \$20.00 | | | |
| GOOD FRIDAY | CLOSED | CLOSED | | | |
| WEEK TWO | EASTER MONDAY | CLOSED | CLOSED | | |
| | Tuesday 22nd April | \$60.00 | \$20.00 | | |
| | Wednesday 23rd April | \$60.00 | \$20.00 | | |
| | Thursday 24th April | \$60.00 | \$20.00 | | |
| | ANZAC DAY | CLOSED | CLOSED | | |

| CHILD #2 | WEEK ONE | DATE | Holiday Programme 7.30am - 3:45am Breakfast included till 8.30am | AFTERCARE 3:45pm - 5.45pm | TOTAL COST |
|----------------------|----------------------|-------------------|--|------------------------------|------------|
| | | Monday 14th April | \$60.00 | \$20.00 | |
| Tuesday 15th April | \$60.00 | \$20.00 | | | |
| Wednesday 18th April | \$60.00 | \$20.00 | | | |
| Thursday 19th April | \$60.00 | \$20.00 | | | |
| GOOD FRIDAY | CLOSED | CLOSED | | | |
| WEEK TWO | EASTER MONDAY | CLOSED | CLOSED | | |
| | Tuesday 22nd April | \$60.00 | \$20.00 | | |
| | Wednesday 23rd April | \$60.00 | \$20.00 | | |
| | Thursday 24th April | \$60.00 | \$20.00 | | |
| | ANZAC DAY | CLOSED | CLOSED | | |

| CHILD #3 | WEEK ONE | DATE | Holiday Programme 7.30am - 3:45am Breakfast included till 8.30am | AFTERCARE 3:45pm - 5.45pm | TOTAL COST |
|----------------------|----------------------|-------------------|--|------------------------------|------------|
| | | Monday 14th April | \$60.00 | \$20.00 | |
| Tuesday 15th April | \$60.00 | \$20.00 | | | |
| Wednesday 18th April | \$60.00 | \$20.00 | | | |
| Thursday 19th April | \$60.00 | \$20.00 | | | |
| GOOD FRIDAY | CLOSED | CLOSED | | | |
| WEEK TWO | EASTER MONDAY | CLOSED | CLOSED | | |
| | Tuesday 22nd April | \$60.00 | \$20.00 | | |
| | Wednesday 23rd April | \$60.00 | \$20.00 | | |
| | Thursday 24th April | \$60.00 | \$20.00 | | |
| | ANZAC DAY | CLOSED | CLOSED | | |

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.