

PROGRAMME
ENROLMENT FORM

FAMILY DETAILS	Age	Date of Birth	
Full names of Child/ren	_____		

Home Phone Number	_____		
Email	_____		
Home Address	_____		
School	_____		
School Phone	_____	Pick Up Needed?	Yes/No
Days Attending	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>
	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	
Parents/Guardians			
Name	_____		
Place of Work	_____		
Phone numbers	Work	Home	
	Mobile		
Name	_____		
Place of Work	_____		
Phone numbers	Work	Home	
	Mobile		
Other Contact People	(at least one person, preferably living in the area)		
Name	_____	Phone	
Relationship to child (relative, friend etc)	_____		
Name	_____	Phone	
Relationship to child (relative, friend etc)	_____		

Apart from Parents who is allowed to collect your child from the programme	<hr/> <hr/> <hr/>	
If your child will walk home from the programme please provide details	<hr/>	
Is your child the subject of any custody or access orders	Yes No	
Details	<hr/> <hr/>	
Doctors Name	Phone	
Has your child any allergies, dietary restrictions, special medication, illnesses	<hr/> <hr/> <hr/>	
Is there anything else we should know about your child, special needs, particular interests etc	<hr/> <hr/> <hr/>	

IN THE EVENT OF AN EMERGENCY OR ACCIDENT I CONSENT TO THE PROGRAMME STAFF TAKING WHATEVER STEPS ARE NECESSARY, INCLUDING GIVING FIRST AID AND IF REQUIRED CALLING AN AMBULANCE, TO ENSURE THE SAFETY AND WELL-BEING OF MY CHILD/REN

SIGNED _____ DATE _____

PLEASE INFORM THE SUPERVISOR IF ANY OF THIS INFORMATION CHANGES

CHILD/PARENT DETAILS

CHILD 1 NAME: D.O.B: SCHOOL: SEX: MALE FEMALE
CHILD 2 NAME: D.O.B: SCHOOL: SEX: MALE FEMALE
PARENT / GUARDIAN NAME
CONTACT PHONE NUMBERS - HOME & MOBILE
POSTAL ADDRESS
EMAIL ADDRESS - TO SEND CONFIRMATION / RECEIPT
EMERGENCY CONTACT & PHONE NO—OTHER THAN YOURSELF, TWO CONTACTS REQUIRED 1 2
AUTHORITY TO COLLECT - OTHER THAN YOURSELF
MEDICAL AWARENESS - ILLNESS, MEDICATION, REQUIRED TREATMENT (incl self medication) etc
OTHER RELEVANT INFORMATION - CUSTODY, ACCESS, SPECIAL NEEDS, CULTURAL REQUIREMENTS ETC

ENROLMENT FORM-BAVERSTOCK

BIZZY BODZ BAVERSTOCK - WEEK ONE					
Date and Activity	Before Care	Main Prog	After Care - Select ONE		Total Daily Cost
	7.30 - 9.00	9.00 - 3.00	3.00 - 4.30	3.00 - 6.00	
Mon 7th Strung Up	<input type="checkbox"/> \$6	<input type="checkbox"/> \$30	<input type="checkbox"/> \$6 OR <input type="checkbox"/> \$12		
Tues 8th Inflatable World	<input type="checkbox"/> \$6	<input type="checkbox"/> \$36	<input type="checkbox"/> \$6 OR <input type="checkbox"/> \$12		
Wed 9th Egyptian Day	<input type="checkbox"/> \$6	<input type="checkbox"/> \$28	<input type="checkbox"/> \$6 OR <input type="checkbox"/> \$12		
Thurs 10th Circus School	<input type="checkbox"/> \$6	<input type="checkbox"/> \$34	<input type="checkbox"/> \$6 OR <input type="checkbox"/> \$12		
Fri 11th Froggy/ BKT	<input type="checkbox"/> \$6	Frog <input type="checkbox"/> \$28 BKT <input type="checkbox"/> \$45	<input type="checkbox"/> \$6 OR <input type="checkbox"/> \$12		
BIZZY BODZ BAVERSTOCK - WEEK TWO					
Date and Activity	Before Care	Main Prog	After Care - Select ONE		Total Daily Cost
	7.30 - 9.00	9.00 - 3.00	3.00 - 4.30	3.00 - 6.00	
Mon 14th Mad Professor	<input type="checkbox"/> \$6	<input type="checkbox"/> \$28	<input type="checkbox"/> \$6 OR <input type="checkbox"/> \$12		
Tues 15th Gloputt	<input type="checkbox"/> \$6	<input type="checkbox"/> \$36	<input type="checkbox"/> \$6 OR <input type="checkbox"/> \$12		
Wed 16th Sushi Samurai	<input type="checkbox"/> \$6	<input type="checkbox"/> \$32	<input type="checkbox"/> \$6 OR <input type="checkbox"/> \$12		
Thurs 17th Movies	<input type="checkbox"/> \$6	<input type="checkbox"/> \$36 BKM <input type="checkbox"/> \$36	<input type="checkbox"/> \$6 OR <input type="checkbox"/> \$12		
Fri 18th Rainbow/BKT	<input type="checkbox"/> \$6	Rain <input type="checkbox"/> \$28 BKT <input type="checkbox"/> \$45	<input type="checkbox"/> \$6 OR <input type="checkbox"/> \$12		
Total cost of care=					
Total cost \$ _____ x no. of children _____ =					

*PLEASE NOTE- A 10 minute grace period either side of drop off/pick up is offered. Drop offs/pick ups made outside of this time will incur extra charges.

Bizzy Bodz has my permission to use any photo taken of my child/ren while attending their holiday programme which is to be used for publication and/or promotional purposes only. If no preference circled we will take it as a Yes. ***Please indicate: Yes / No**

PARENT/POLICY INFORMATION

Payment is required at time of enrolment to secure my child's place in the programme. Fees are payable for days booked irrespective of attendance. There is a strict no refund policy, I may swap to a day that was not previously booked in the same holiday period only. A late fee of \$1.00 per minute applies to all late pick ups (after 6.00pm). **Bizzy Bodz staff cannot accept Internet Banking as a form of payment when enrolling onsite.** If my child will be absent on a booked day I will phone the Programme Supervisor before 9.00am on the day. A casual fee may be added to my account, at the discretion of the Director, if I am constantly booking my child in daily, this fee covers resources and admin fees. I understand there are risks associated with my child attending the programme. I have explained to my child the importance of following staff and safety instructions and remaining in designated areas and refraining from behaviour that could cause injury or damage to property or other children. I acknowledge that any damage, wilful or accidental, to Bizzy Bodz or school property will be my liability. I give permission for my child to be taken offsite on excursions where stated by bus or taxi. Activities may change without notice due to unforeseen circumstances or weather conditions. Bizzy Bodz is not obliged to provide compensation for this occurring. I recognise staff and volunteers will be free and clear of all liability in the event that any injury, damage or loss is sustained to my child or their personal effects. In the event of sickness or accident I request that urgent medical attention be obtained at my expense. Children are to bring their own morning tea and lunch. Afternoon tea is provided for those booked in after 3.30pm. Bizzy Bodz has a strict "no hat, no play" policy, please ensure your child brings a sunhat. Sunblock is provided & applied at lunch time & after swimming only, please ensure you sunblock your child BEFORE they arrive at the programme.

(PLEASE NOTE: Information provided may be viewed by the Ministry of Social Development and/or Child Youth and Family for audit purposes only)

***By signing I am agreeing to the parent/policy information: _____ Date: _____**

PAYMENT OPTIONS (select one option)

<input type="checkbox"/> VISA / MASTERCARD Card Number : _____ Expires: _____ Signature: _____																															
<input type="checkbox"/> INTERNET BANKING Please state full name of child in Particulars and use the venue of the programme as a Reference i.e. Baverstock=BAV Pymt to: BNZ 02 0168 0023740 00. DATE PAID: _____																															
<input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> EFTPOS																															
WINZ INFORMATION (as at 1 Apr 2013) WINZ closes 30th June 2014																															
<table border="1"> <thead> <tr> <th>Number of children</th> <th>Gross weekly income</th> <th>Subsidy (p/hr p/child)</th> </tr> </thead> <tbody> <tr> <td rowspan="3">1</td> <td>< \$1,200</td> <td>\$3.93</td> </tr> <tr> <td>\$1,200 - \$1,299.99</td> <td>\$2.74</td> </tr> <tr> <td>\$1,300 - \$1,399.99</td> <td>\$1.52</td> </tr> <tr> <td rowspan="3">2</td> <td>\$1,400 +</td> <td>nil</td> </tr> <tr> <td>< \$1,380</td> <td>\$3.93</td> </tr> <tr> <td>\$1,380 - \$1,489.99</td> <td>\$2.74</td> </tr> <tr> <td rowspan="3">3</td> <td>\$1,490 - \$1,599.99</td> <td>\$1.52</td> </tr> <tr> <td>\$1,600 +</td> <td>nil</td> </tr> <tr> <td>< \$1,540</td> <td>\$3.93</td> </tr> <tr> <td rowspan="3"></td> <td>\$1,540 - \$1,669.99</td> <td>\$2.74</td> </tr> <tr> <td>\$1,670 - \$1,799.99</td> <td>\$1.52</td> </tr> <tr> <td>\$1,800 +</td> <td>nil</td> </tr> </tbody> </table>	Number of children	Gross weekly income	Subsidy (p/hr p/child)	1	< \$1,200	\$3.93	\$1,200 - \$1,299.99	\$2.74	\$1,300 - \$1,399.99	\$1.52	2	\$1,400 +	nil	< \$1,380	\$3.93	\$1,380 - \$1,489.99	\$2.74	3	\$1,490 - \$1,599.99	\$1.52	\$1,600 +	nil	< \$1,540	\$3.93		\$1,540 - \$1,669.99	\$2.74	\$1,670 - \$1,799.99	\$1.52	\$1,800 +	nil
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<input type="checkbox"/> Tick here if you would like to apply for a WINZ OSCAR Subsidy - a 20% deposit is required upon enrolment.																															
Oscar Subsidy applications <u>must</u> be submitted to Winz prior to the start of the holidays																															
(OFFICE USE ONLY) Date WINZ form posted: _____ <input type="checkbox"/> Ent APT Amount Paid: _____ <input type="checkbox"/> Conf Sent Date: _____																															

SHERWOOD BASC HOLIDAY PROGRAMME. 40 SARTORS AVENUE, BROWNS BAY. PHONE 476 2594. FAX 476 7043

Please fill in & return to Sherwood BASC with payment. Trip costs are in addition to daily cost.

BOOKINGS AND PAYMENT FOR HOLIDAY PROGRAMME BY JUNE 20TH 2014.

PAYMENTS CAN BE MADE AT THE BASC OFFICE OR VIA INTERNET BANKING TO:

ASB BANK ACCOUNT- SHERWOOD BASC- 12- 3059- 0469042- 00. PLEASE ENTER YOUR CHILD'S SURNAME FOR CODING.

Child's Name:..... Age..... Contact Phone:.....

Child's Name:..... Age..... Contact Phone:.....

Child's Name:..... Age..... Contact Phone:.....

JUNIORS 5-7YRS

SENIORS 8-14YRS

PLEASE CIRCLE DAYS & ENTER TIMES ATTENDING:

7th July - 11th July

MON 7TH TUES 8TH WED 9TH THURS 10TH FRI 11TH
 TIME to..... to..... to..... to..... to.....

14th July - 18th July

MON 14TH TUES 15TH WED 16TH THURS 17TH FRI 18TH
 TIME to..... to..... to..... to..... to.....

15 WORKING DAYS NOTICE TO CANCEL

HOURS:	(account in credit)
7.30am-8.30am	\$ 7.50
8.30am - 3pm`	\$ 25.50
After 3pm	\$ 7.50 per hour
Full week booking 7.30pm - 6pm	\$46.00 per day plus trips

PLEASE READ CAREFULLY. CANCELLATIONS:

Once a booking has been made, any cancellation must be in writing FIFTEEN working days in advance, otherwise FULL payment is required.

Holiday Programme will be charged the full day 8.30am -3pm plus any hours before & after these times and include any trips booked that day if your child is sick or you take a days leave.

I have completed the student information enrolment form & have read & understood the conditions above. By signing this, you are accepting the conditions of booking and giving permission to take your child/ children out of school ground for any trips taken. My child\ children may be taken to the local park to feed the ducks.

Signed _____ Parent/ Caregiver

Date _____

JULY HOLIDAY PROGRAMME // PRE-ENROLMENT

NB: No booking will be accepted unless a correctly signed booking form is received. We have a maximum of 40 children (limited spaces on trip days) first in first served!!

CHILD(REN)'S DETAILS:

Name	School Attending	DOB	Age
1			
2			
3			

My child/children will be attending on the following days: please mark (x) days attending

Monday	Tuesday	Wednesday	Thursday	Friday	Total
7 July	8 July	9 July (Extra \$10)	10 July	11 July	
14 July	15 July	16 July (Extra \$20)	17 July	18 July	

..... Regular Days @ \$25 (one Child) \$23 (2+ Children) per Child

..... Additional Charges \$10/\$20

Total Payment Enclosed

MOTHER'S NAME/CAREGIVER:

Home address

Telephone:(day) (after hours)(mobile)

Email:

FATHER'S NAME/CAREGIVER:

Home address

Telephone:(day) (after hours)(mobile)

Email:

PEOPLE AUTHORISED TO COLLECT YOUR CHILD(REN)

.....

EMERGENCY CONTACTS

Name:..... Relationship to child:

Telephone:(day) (after hours)(mobile)

Name:..... Relationship to child:

Telephone:(day) (after hours)(mobile)

DOCTOR'S DETAILS:

Child(ren)'s doctor:

Telephone: Address:

ADDITIONAL INFORMATION:

If you or your family have any particular cultural requirements that you would like to discuss with us we would encourage you to do so and welcome opportunity to assist. You are welcome to note requirements on this enrolment form or discuss

this directly with our Programme Co-ordinator

.....
Does your child have any particular health needs? e.g. allergies, food requirements, asthma, medical conditions, ADHD etc.

.....
Is there anything else we should know about in order to take good care of your child? e.g. custody arrangements, special needs, behavioural issues etc.

.....
NB: If you would prefer to have a discrete conversation with our Programme Co-ordinator, this can be arranged.

PHOTO PERMISSION: (please circle your choice)

I **do/do not** give permission for my child(ren) to be photographed during activities.

I **do/do not** give permission for photographs of my child(ren) to be used in advertising/promotion of the Birkdale Beach Haven Community Project Inc.

EXCURSION PERMISSION: (please circle your choice)

I **do/do not** give permission for my child(ren) to participate in excursions stated in the programme of events.

PARENT CONTRACT:

Please sign this contract to complete enrolment. If you have any questions about the programme or wish to see a copy of the programme policies prior to signing, please do not hesitate to ask a member of staff.

I/we agree and acknowledge:

- I have read and understood the enrolment information.
- The supervisor has my permission to arrange any necessary urgent medical treatment at my cost.
- I will notify the supervisor of any changes to enrolment information in a timely fashion.
- **All Fees Paid in Advance:** Children will not be accepted into the programme unless the full fee for all days booked is paid and/or we have received confirmation that you have applied for a subsidy.
- **Limited Places:** Because places are limited, bookings will be accepted on a “first booked and paid” basis.
- **Work and Income Subsidy:** For those drawing on a subsidy, it can take some time for applications to be processed. Work and Income accepts applications 28 days prior to the start of the programme. Parents are responsible to ensure their application is submitted well ahead of time. Parents are liable for any shortfall of fees.
- **We do not refund for absences.**
- **Late Pick ups:** Parents will be charged a late fee for pickup after 5.45pm.

All care will be taken to provide supervision of children attending the programme in accordance with programme policies and procedures.

Name of parent:.....

Signature of parent:..... **Dated:**.....

Please deliver to Birkdale Community House 134 Birkdale Road OR you can email to oscar@birkdalebeachhaven.org.nz and follow up with a payment.

Privacy Act 1993: The information that you have supplied is necessary for the safe and effective operation of the OSCAR programme. All personal information requested will be destroyed at the completion of your child’s time in the programme. You are welcome to review information pertaining to your child’s enrolment at any time.