

PROGRAMME
ENROLMENT FORM

FAMILY DETAILS	Age	Date of Birth	
Full names of Child/ren	<hr/> <hr/> <hr/>		
Home Phone Number			
Email			
Home Address	<hr/>		
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/> <hr/>	
Is your child the subject of any custody or access orders	Yes No	
Details	<hr/> <hr/> <hr/>	
Doctors Name	Phone	
Has your child any allergies, dietary restrictions, special medication, illnesses	<hr/> <hr/> <hr/> <hr/>	
Is there anything else we should know about your child, special needs, particular interests etc	<hr/> <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

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.