



Glen Eden Community House School Holiday Programme



DECEMBER 2018 AND JANUARY 2019 ENROLMENT FORM:

DoB

Full name of child			M / F
Full name of child			M / F
Full name of child			M / F
Full name of child			M / F

Ethnic origin of child/ren *Please tick*

<input type="checkbox"/> NZ European	<input type="checkbox"/> Niue	<input type="checkbox"/> Fijian	<input type="checkbox"/> Indian
<input type="checkbox"/> Other European	<input type="checkbox"/> Tongan	<input type="checkbox"/> Other Pacific Is	<input type="checkbox"/> Other Asian
<input type="checkbox"/> NZ Maori	<input type="checkbox"/> Cook Is Maori	<input type="checkbox"/> SE Asian	<input type="checkbox"/> Other
<input type="checkbox"/> Tokelauan	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chinese	

Iwi affiliation if NZ Maori is ticked. Up to 3 iwi affiliations may be identified

Name of parent/caregiver:

Address: *(street number & name)*
(suburb) *(postcode)*

Home phone: Mobile number:

Email address: *(please write clearly)*

Second Emergency Name:

Relationship: *(to child)* Mobile number:

Pick up and drop off Information:

Will your child/ren be walking to or from the programme Yes / No

If yes:
 What time would we expect your child/ren to arrive at the programme *time of arrival*
 What time do we sign your child/ren out of the programme *time*



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People Authorised to collect your Child/ren	
Name:	
Relationship: <i>(to child)</i>	Mobile number:
Name:	
Relationship: <i>(to child)</i>	Mobile number:
Name:	
Relationship: <i>(to child)</i>	Mobile number:

Medical Information:	
Does your child/ren suffer from any known medical conditions	Yes / No
If yes Please state the condition:	
Is your child/ren on any medication	Yes / No
Will your child/ren be administering this medication themselves	Yes / No
<i>Details of medication and dosage must be recorded on a Medical Consent Form and signed off at the end of each day. Please note medication must be clearly labeled with the child's name, time and amount of each dosage.</i>	

Are there any circumstances which we should be aware of in relation to your child/ren?
<i>Dietary needs, medical conditions, behavioral issues</i> _____ _____ _____



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Custodial Information	
Are there any custodial arrangements concerning your child/ren	Yes / No
If yes please give details of custodial arrangements or court orders <i>Copy of court orders to be made available to keep on file</i>	
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PLEASE TICK THE DAYS AND TIMES REQUIRED

Include your child/ren's name if you have more than one child

DECEMBER 2018

December 2018	Day Session 9am to 3pm \$20.00	Full Day 7.45am to 6pm \$33.00	Morning Care 7.45am to 3pm \$24.00	After Care 9am to 6pm \$29.00
Monday 17 Dec				
Tuesday 18 Dec				
Wednesday 19 Dec				
Thursday 20 Dec				
Friday 21 Dec				

Plus surcharges for Trip Day 19th December

Wednesday 19 th December	Movies	\$20.00
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Trip Day Permission	
<i>On all trip days the children must be at the programme by 9.00am Children will be transported in either a bus , two vans and or a staff vehicle The children will be returning by 2.30 unless notified</i>	
I give permission for my child/ren to go on a trip day	Yes / No
Name of child/ren	
Trip One:	Wednesday 19th December 2018 Train Ride and Movie Westcity Henderson
Trip Two:	Friday 11th January 2017 Ice Skating New Lynn and Craigavon Park <i>The Bus is leaving at 9.15 please be at the programme by 9am</i>
Trip Three:	Friday 25th January 2017 Devonport, Bus, Train and Ferry <i>The Children will be returning at 3.30pm</i>

WINZ subsidies
Please return a copy of the proof of receipt from WINZ within one week of the date of this form being completed. If this is not received you will be expected to pay prior to the programme commencing.

Consent
<i>I give permission for my child to attend this Holiday Programme including day trips away from the house and do not hold the programme liable for any accidents (other than those arising from clear negligence) to my child in the programme care. In the event of an emergency, I give permission for the programme staff to carry out the programme's emergency policy to get my child the appropriate attention.</i>

I certify that the above information is an accurate and correct record

Signed: _____ Date _____

Privacy Statement
<i>The information collected on this form is for administration purposes and to send information on community house activities and future out of school care programmes. You have the right to access and correct your information, subject to the restrictions in the Privacy Act 1993. This information will be held at the Glen Eden Community House Office 13 Pisces Road GLEN EDEN. From time to time the Ministry of Social development may access this information. As part of the programme photographs or video's may be taken these images remain the ownership of the Community House and may be used for advertising purposes. Please advise the Manager if you do not want your child/rens images used. Some of these images may be used on our Facebook page.</i>



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Office use only:

FEES	
Programme Fees	\$
Plus Surcharges	\$
Total Amount Due	\$

Payments:	Receipt	Amount
		\$
		\$
		\$
		\$

Check		
<i>WINZ Declaration</i>		
<i>WINZ New Subsidy</i>		
<i>Cash manager</i>		
<i>Emails data base</i>		
<i>Master List</i>		