



HOLIDAY PROGRAMME ENROLMENT FORM

PLEASE COMPLETE & RETURN TO THE PROGRAMME OR
EMAIL TO: alecas@xtra.co.nz

Family Name: _____		School Attending: _____	
Child's Name (1): _____	Date of Birth: ____/____/____	Age: _____	
Child's Name (2): _____	Date of Birth: ____/____/____	Age: _____	
Child's Name (3): _____	Date of Birth: ____/____/____	Age: _____	
Child's Name (4): _____	Date of Birth: ____/____/____	Age: _____	
Parent/Guardian: _____		Phone: _____	Mobile: _____ Work: _____
Parent/Guardian: _____		Phone: _____	Mobile: _____ Work: _____
Postal Address: _____		Post Code: _____	
Email: _____			
Who has permission to collect your child/ren? _____ _____			
Emergency Contact (other than yourself): _____		Contact No: _____	
Emergency Contact (other than yourself): _____		Contact No: _____	
Does your child have any particular care needs or medication requirements that we should be aware of? _____ _____			
Programme Policy & Parent's Permission			
In giving consent for my child/ren to participate in the Great Times Holiday Programme I agree to the following conditions:			
<ul style="list-style-type: none"> • I understand that payment for the Holiday Programme is to be paid in full at the time of booking. • I understand that Great Times Holiday Programme has a <u>no refund policy</u>. Staff are employed based on the number of children enrolled. • If five days' notice is given within the current holiday programme parents may choose to swap the absent day to another day, providing space is available, or our no refund policy will apply. I understand that where any alterations (i.e. swap a day) to child/ren enrolment attendance a \$10 administration fee will be incurred. • I understand that I must inform the Programme Supervisor before 9 am on the morning of absence and that I will not receive a refund for non-attendance. • I understand that there are risks associated with my child/ren. To help minimise these risks, the programme has safety procedures, rules and boundaries for all children that must be complied with. I have explained to my child the need to follow these instructions. I acknowledge that any wilful damage to equipment or property caused by my child or additional costs incurred will be my liability. • I recognise that staff will do their best to ensure a safe experience for my child/ren. I acknowledge that Great Times Holiday Programme 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. • I give permission for first aid or medical attention to be sought if required for my child/ren and agree to pay associated costs. • If anyone other than a person listed on my enrolment form is to collect my child I will notify the Centre. • I agree to my child participating in the planned activities. I give permission for my child/ren to be transported to and from excursions as indicated in our brochure. I acknowledge that this may mean that only one adult will be present in the vehicle. • I will not bring my child to the centre in the event of sickness and accept that the Supervisor may not accept children for care if they appear unwell. • I understand a late fee of \$1.00 per minute will be payable if my child/ren is/are not collected by the time specified on the enrolment form. • I understand any outstanding fees will be passed onto a debt collection agency. Charges incurred from the debt agency will be my responsibility to pay. 			
Place a tick in the box if there are any persons, by law, that are forbidden to have access to the child, or have a right to the child that is subject to conditions. Legal documentation supporting this must be provided to the Centre to photocopy and hold on file. <input type="checkbox"/>			
Signature: _____		Date: _____	

BANK ACCOUNT: ANZ 06-0477-0922897-04

PLEASE COMPLETE & RETURN TO CENTRE	Morning Care 7.30am - 8.30am (please circle)	Structured Programme 8.30am - 3.00pm (please circle)	Afternoon Care 3.00pm - 6.00pm (please circle)	Fee Per Child	Total Fees
<u>Week One</u>	<u>1 hr</u>	<u>6.5 hrs</u>	<u>3 hrs</u>		
MONDAY 6 th July – Awesome Abstract Art	\$5	\$40	\$15		
TUESDAY 7 th July – Creepy Crawlies	\$5	\$40	\$15		
WEDNESDAY 8 th July – Survivor	\$5	\$40	\$15		
THURSDAY 9 th July – Space & Wheels	\$5	\$40	\$15		
FRIDAY 10 th July – Personalise It	\$5	\$40	\$15		
			Sub Total		
OSCAR Subject to Approval	Hours	Rate	Less OSCAR		
<u>Week Two</u>			Total WK ONE		
MONDAY 13 th July – Detective Day	\$5	\$40	\$15		
TUESDAY 14 th July – Great Times Market	\$5	\$40	\$15		
WEDNESDAY 15 th July – Superhero	\$5	\$40	\$15		
THURSDAY 16 th July – Trivial Trivia	\$5	\$40	\$15		
FRIDAY 17 th July – Mad Hatters Tea Party	\$5	\$40	\$15		
			Sub Total		
OSCAR Subject to Approval	Hours	Rate	Less OSCAR		
			TOTAL WK TWO		
			TOTAL WKS 1 & 2		
OFFICE USE ONLY: WINZ Client No: _____ Parent Returned Form <input type="checkbox"/> Great Times Returned Form <input type="checkbox"/> Payment received by: Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Internet Banking <input type="checkbox"/> Amount paid \$ _____ Date ____/____/____ Inc <input type="checkbox"/> Inv <input type="checkbox"/> Attend <input type="checkbox"/> Copy <input type="checkbox"/> Allergy <input type="checkbox"/>					

Return: email: alecas@xtra.co.nz or post to 114 Colombo Road, Waiuku, Auckland 2123

PLEASE NOTE: OSCAR subsidy rates may be subject to change until approval is received from Work & Income NZ

Payment Options: Direct Credit **ANZ 06-0477-0922897-04**, Cash or Cheque (no eftpos available)