|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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:**   * 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 **no refund policy**. 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. | | | | | |
| **Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **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 |
| **Week One** | **1 hr** | **6.5 hrs** | **3 hrs** |  | |
| **MONDAY 28th September - Fab Lab** | $5 | $40 | $15 |  |  |
| **TUESDAY 29th September - Police & Fire** | $5 | $40 | $15 |  |  |
| **WEDNESDAY 30th September - Bet the Clock** | $5 | $40 | $15 |  |  |
| **THURSDAY 1st October - Gymsports TRIP** | $5 | $55 | $15 |  |  |
| **FRIDAY 2nd October - Luau Party** | $5 | $40 | $15 |  |  |
|  | | | **Sub Total** |  |  |
| **OSCAR Subject to Approval** Hours Rate | | | **Less OSCAR** |  |  |
| **Week Two** | | | **Total WK ONE** |  |  |
| **MONDAY 5th October - Mystery Box** | $5 | $40 | $15 |  |  |
| **TUESDAY 6th October - Auckland Zoo TRIP** | $5 | $55 | $15 |  |  |
| **WEDNESDAY 7th October - Olympics** | $5 | $40 | $15 |  |  |
| **THURSDAY 8th October - Blast from the Past** | $5 | $40 | $15 |  |  |
| **FRIDAY 9th October - Fame** | $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 Great Times Returned Form  Payment received by: Cheque Cash Internet Banking Amount paid $ \_\_\_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_  Inc Inv Attend Copy Allergy | | | | | |

**Return:** email: [**alecas@xtra.co.nz**](mailto: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)