



HOLIDAY PROGRAMME ENROLMENT FORM

PLEASE COMPLETE & RETURN TO THE PROGRAMME OR
EMAIL TO: admin@greattimes.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:

- 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.
- If your child/ren need constant reminders of his/her behaviour which is harmful or disrespectful to other children/staff, parents/caregivers will be asked to collect their child/ren immediately from the programme. Your child/ren's future bookings may be cancelled and 50% of fees will be payable.

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: _____

| | | | | | |
|--|---------|------------|-----------|---------|-------|
| | Morning | Structured | Afternoon | Fee Per | Total |
|--|---------|------------|-----------|---------|-------|

BANK ACCOUNT: ASB 12-3209-0003759-00

| PLEASE COMPLETE & RETURN TO CENTRE | Care 7.30am - 8.30am (please circle) | Programme 8.30am - 3.00pm (please circle) | Care 3.00pm - 6.00pm (please circle) | Child | Fees |
|--|--|---|--|--------------|------|
| | Week One | 1 hr | 6.5 hrs | 3 hrs | |
| MONDAY 15 th April – Monday Mania | \$6 | \$43 | \$18 | | |
| TUESDAY 16 th April – B Happy | \$6 | \$43 | \$18 | | |
| WEDNESDAY 17 th April – Event Movies Please circle your movie order | \$6 | \$60 Popcorn \$5.00 Lemonade \$4.50 Water \$4.50 | \$18 | | |
| THURSDAY 18 th April – Awesome Animals | \$6 | \$43 | \$18 | | |
| FRIDAY 19 th April – Dessert Anyone | \$6 | \$43 | \$18 | | |
| Full week 7.30am to 6.00pm Mon (Excluding movie snack order) Please select above | Discounted Price | \$330.00 | Sub Total | | |
| OSCAR Subject to Approval | Hours | Rate | Less OSCAR | | |
| Week Two | | | Total WK ONE | | |
| MONDAY 22 nd April – Sport-acular | \$6 | \$43 | \$18 | | |
| TUESDAY 23 rd April – Magnificent M | \$6 | \$43 | \$18 | | |
| WEDNESDAY 24 th April - Stardome | \$6 | \$60 | \$18 | | |
| THURSDAY 25 th April – ANZAC day - CLOSED | - | - | - | | |
| FRIDAY 26 th April – Totara Fun | \$6 | \$43 | \$18 | | |
| Full week 7.30am to 6.00pm Mon to Fri | Discounted Price | \$ | 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: admin@greattimes.nz or drop at your nearest Great Times Out of School Care programme

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

Payment Options: Direct Credit **ASB 12-3209-0003759-00**, Cash (no eftpos available)