



TE KURA O MORENAWHIRA

## CHILDSPLAY ENROLMENT FORM SCHOOL HOLIDAY PROGRAMME

**It is important that you complete ALL sections of this enrolment**

**Child(ren)'s details**

Name(s) 1. .... DOB: .....  
 2. .... DOB: .....  
 3. .... DOB: .....

**Enrolment details**

Please tick fill in the times you would like to enrol your child in the School Holiday Programme and/or After School Care especially Dec week1. **Holiday Programme runs from 7.30 – 5.30pm.**

**Fees Policy:**

- **There is a charge of \$35 per day per child. There are no part day charges.**
- **A non refundable deposit of \$10 per booked day per child will be required to secure your Holiday Programme booking. Bookings will not be secure until this deposit has been paid in full. This deposit must be paid before the Holiday break commences. Deposits are to be made to Bank Acct: 03 0371 0097155 00. Reference Child's Name and Hol Prog.**
- **If you receive an OSCAR subsidy then the deposit is waived but your OSCAR Declaration form must have been completed and returned to the school office to secure your booking.**
- **Once your child has been enrolled in the Holiday Programme we require 3 working days notice if your child is not going to attend, otherwise you will be charged full fee for those days.**
- **If your child does not attend the Programme for any reason, your deposit will be forfeited. There will be no additional charge for that day. If there is no notification of your child not attending then full fees will be charged.**
- **Trips Days will incur an additional charge to cover trip related costs which will be notified when enrolment forms are sent out.**
- **You are expected to pay the full amount for the period enrolled.**

<b>Week 1</b> <b>12<sup>th</sup> – 16<sup>th</sup> Dec</b>	Monday	Tuesday	Wednesday	Thursday	Friday
Start time:	Normal	Normal	<b>Starts 12.00</b>	<b>Holiday Prog</b>	<b>Holiday Prog</b>
Finish time:	After School Care	After School Care			

<b>Week 2</b> <b>19<sup>th</sup> – 21<sup>st</sup> Dec</b>	Monday	Tuesday	Wednesday	Thursday	Friday
Start time:				<b>CLOSED</b>	<b>CLOSED</b>
Finish time:					

**JANUARY 2023**

<b>Week 1</b> <b>9<sup>th</sup> – 13<sup>th</sup> Jan</b>	Monday	Tuesday	Wednesday	Thursday	Friday
Start time:					
Finish time:					

<b>Week 2</b> <b>16<sup>th</sup> – 20<sup>th</sup> Jan</b>	Monday	Tuesday	Wednesday	Thursday	Friday
Start time:					
Finish time:					

<b>Week 3</b> <b>23<sup>rd</sup> – 27<sup>th</sup> Jan</b>	Monday	Tuesday	Wednesday	Thursday	Friday
Start time:					
Finish time:					

**Parent/Caregiver Details**

**Primary Caregivers name:**.....

Home address: .....

Telephone: ..... (day) ..... (after hours) ..... (mobile)

**Second Caregivers name:** .....

Home address (if different): .....

Telephone: ..... (day) ..... (after hours) ..... (mobile)

Email: .....

**Emergency contacts (you must supply two if possible)**

Name: ..... Relationship to child: .....

Address: ..... Phone No: .....

Name: ..... Relationship to child: .....

Address: ..... Phone No: .....

People authorised to collect your child(ren): (Please indicate)

.....

People **not** authorised to collect your child(ren): (Please indicate)

.....

**Doctor’s details:**

Childrens’ doctor: ..... Telephone: .....

Address: .....

Does your child have any particular health needs we should be aware of? (eg, allergies, food requirements, asthma, medical conditions etc.)

.....

.....

Is there anything else we should know about in order to take good care your child? (eg, custody arrangements, special needs, behavioural issues etc.)

.....

**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 to hesitate to ask a member of staff.

- I/we agree and acknowledge:
- I have read and understand the enrolment information which includes the Fees Policy.
- 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 and I accept responsibility to notify any changes of details.
- I agree to pay the School Holiday Programme fees as stipulated above.

All care will be taken to provide supervision of children attending the programme in accordance with programme policies and procedures.

Name of Caregiver: .....

Signature of Caregiver: ..... Dated: .....

**Privacy Act 2020**

The Board in dealing with all Privacy issues will adopt and refer to the Office of the Privacy Commissioner’s Statement 27 Sept 2021. The Board will refer to and be guided by the Privacy Act 2020 and it’s 13 Privacy Principles.

For the purpose of the OSCAR programmes, all personal information collected will only be that required for the safe management and operation of the OSCAR Programmes. All information will remain confidential to the School Board.

The information shall remain confidential to the school. Notwithstanding this, information may be required to be shared with medical services, MSD services (for the purpose of auditing), and the Police or Oranga Tamariki when there is a concern around safety and wellbeing.