

# CHILDSPLAY ENROLMENT FORM SCHOOL HOLIDAY PROGRAMME

# Child(ren)'s details

Email:

	-,	-					
Name(s)	1.			DC	B:		
	2.			DC	)B:		
	3.			DC	)B:		
<ul> <li>Enrolment details</li> <li>Please tick fill in the times you would like to enrol your child in the School Holiday Programme:</li> <li>Fees Policy:</li> <li>A non refundable deposit of \$10 per booked day will be required to secure your Holiday Programme booking. Bookings will not be secure until this deposit has been paid in full.</li> <li>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.</li> <li>Bank Acct: 03 0371 0097155 00. Reference Child's Name and Hol Prog.</li> <li>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 may be charged.</li> <li>Trips Days will incur an additional charge to cover trip related costs which will be notified when enrolment forms are sent out.</li> </ul>							
Week 1		Monday	Tuesday	Wednesday	Thursday	Friday	
15 <sup>th</sup> – 19 <sup>th</sup>	¹ April	Worlday	rucsuay	Wednesday	marsaay	Tilday	
Start time	-						
Finish tim	ne:						
Week 2 22 <sup>ND</sup> – 26 Start time Finish tim	ə:	Monday	Tuesday	Wednesday	Thursday CLOSED ANZAC DAY	Friday	
Parent/Ca	aregiver D	etails					
Mother's n	name:						
Home add	lress:						
Telephone	<b>e</b> :	(day)		(after hours)	(	mobile)	
Father's n	ame:						
Home add	lress (if dif	ferent):					
Telephone	e:	(day)		(after hours)	(	mobile)	

Eme	ergency contacts	
Nam	ne:	Relationship to child:
Addı	ress:	Phone No:
Nam	ie:	Relationship to child:
Addı	ress:	Phone No:
Peo	ple authorised to collect your chil	d(ren):
Peo	ple not authorised to collect your	child(ren):
	tor's details: drens' doctor:	Telephone:
Addı	ress:	
	s your child have any particular heal irements, asthma, medical condition	Ith needs we should be aware of? (eg, allergies, foodns etc.)
	ere anything else we should know a ody arrangements, special needs, b	bout in order to take good care your child? (eg, ehavioural issues etc.)
Plea prog	•	rolment. If you have any questions about the programme policies prior to signing, please do not to
•	The supervisor has my permission at my cost.	to arrange any necessary urgent medical treatment
	and I accept responsibility to notify	nanges to enrolment information in a timely fashion any changes of details.  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 Parent:

## Signature of Parent: 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 well-being.