

# CHILDSPLAY ENROLMENT FORM SCHOOL HOLIDAY PROGRAMME

### Child(ren)'s details

` ,					
Name(s) 1.			DC	DB:	
2.			DC	DB:	
3.			DC	)B:	
<ul> <li>been paid in f</li> <li>If you received</li> <li>Declaration for secure your b</li> <li>Bank Acct: 03</li> <li>If your child do forfeited. The of your child in</li> </ul>	able deposit of amme booking. It an OSCAR some must have booking. It oos not attention and attention and attention and additional additional and additional additi	of \$10 per bodings. Bookings subsidy then e been complete the Program ditional chargitional chargete then full fees ditional chargete.	oked day will be will not be seed the deposit is leted and returnate Child's Narmme for any rearge for that day the to cover trip	pe required to cure until this waived but ned to the sclare and Hol Preason, your doy. If there is ned.	secure your deposit has your OSCAR hool office to eposit will be o notification
Week 1	Monday	Tuesday	Wednesday	Thursday	Friday
30 <sup>th</sup> Sept - 4 <sup>th</sup> Oct Start time:					
Finish time:			+		
		1			
Week 2	Monday	Tuesday	Wednesday	Thursday	Friday
7th – 11th Oct					
Start time:			_		
Finish time:					

(after hours)

(after hours)

(mobile)

(mobile)

## Telephone:

Home address (if different):

**Parent/Caregiver Details** 

(day)

(day)

Mother's name: Home address:

Father's name:

Telephone:

Email:

Emergency contacts			
Name:	Relationship to child:		
Address:	Phone No:		
Name:	Relationship to child:		
Address:	Phone No:		
People authorised to collect your child(re	en):		
People not authorised to collect your chi	ild(ren):		
Doctor's details: Children's doctor:	Telephone:		
Address:			
Does your child have any particular health r requirements, asthma, medical conditions e	needs we should be aware of? (eg, allergies, food etc.)		
Is there anything else we should know about custody arrangements, special needs, behavior	ut in order to take good care your child? (eg, avioural issues etc.)		
<ul> <li>hesitate to ask a member of staff.</li> <li>I/we agree and acknowledge:</li> <li>I have read and understand the enrolr</li> <li>The supervisor has my permission to at my cost.</li> </ul>	ngramme policies prior to signing, please do not ment information.  arrange any necessary urgent medical treatment		
<ul> <li>I will notify the supervisor of any chan and I accept responsibility to notify an</li> <li>I agree to pay the School Holiday Program</li> </ul>			

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 its 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.