



Glen Eden Community House School Holiday Programme



SEPTEMBER OCTOBER 2020 ENROLMENT FORM:

DoB

Full name of child			M / F
Full name of child			M / F
Full name of child			M / F
Full name of child			M / F

Ethnic origin of child/ren *Please tick*

<input type="checkbox"/>	NZ European	<input type="checkbox"/>	Niue	<input type="checkbox"/>	Fijian	<input type="checkbox"/>	Indian
<input type="checkbox"/>	Other European	<input type="checkbox"/>	Tongan	<input type="checkbox"/>	Other Pacific Is	<input type="checkbox"/>	Other Asian
<input type="checkbox"/>	NZ Maori	<input type="checkbox"/>	Cook Is Maori	<input type="checkbox"/>	SE Asian	<input type="checkbox"/>	Other
<input type="checkbox"/>	Tokelauan	<input type="checkbox"/>	Samoan	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	

Iwi affiliation if NZ Maori is ticked. Up to 3 iwi affiliations may be identified

Name of parent/caregiver:

Address: *(street number & name)*
(suburb)

(postcode)

Home phone:

Mobile number:

Email address: *(please write clearly)*

Second Emergency Name:

Relationship: *(to child)*

Mobile number:



Glen Eden Community House School Holiday Programme



Pick up and drop off Information:	
Will your child/ren be walking to or from the program	Yes / No
If yes: What time would we expect your child/ren to arrive at the program <i>time of arrival</i>	
What time do we sign your child/ren out of the program	<i>time</i>

People Authorised to collect your Child/ren	
Name:	
Relationship: <i>(to child)</i>	Mobile number:
Name:	
Relationship: <i>(to child)</i>	Mobile number:
Name:	
Relationship: <i>(to child)</i>	Mobile number:

Medical Information:	
Does your child/ren suffer from any known medical conditions	Yes / No
If yes Please state the condition:	
Will your Child/ren be taking any medication while at the Program	Yes / No
Will your child/ren be administering this medication themselves	Yes / No
<i>Details of medication and dosage must be recorded on a Medical Consent Form and signed off at the end of each day. Please note medication must be clearly labeled with the child's name, time and amount of each dosage.</i>	



Glen Eden Community House School Holiday Programme



Are there any circumstances which we should be aware of in relation to your child/ren?

Dietary needs behavioral issues

Custodial Information

Are there any custodial arrangements concerning your child/ren Yes / No

If yes please give details of custodial arrangements or court orders *Copy of court orders to be made available to keep on file*



Glen Eden Community House School Holiday Programme



PLEASE TICK THE DAYS AND TIMES REQUIRED

Include your child/ren's name if you have more than one child

September October 2020

Sept Oct 2020 First Week	Day Session 9am to 3pm \$22.00	Full Day 7.45am to 6pm \$35.00	Morning Care 7.45am to 3pm \$26.00	After Care 9am to 6pm \$31.00
Monday 28 Sept				
Tuesday 29 Sept				
Wednesday 30 Sept				
Thursday 1 Oct				
Friday 2 Oct				

Plus surcharges for Sept Oct 2020 as follows :

Tuesday 29 th Sept	Magic Show	\$ 9.00
Friday 2 nd Oct	Skate land	\$ 20.00
Friday 9 th Oct	Butterfly Creek	\$ 25.00

Sept Oct 2020 Second Week	Day Session 9am to 3pm \$22.00	Full Day 7.45am to 6pm \$35.00	Morning Care 7.45am to 3pm \$26.00	After Care 9am to 6pm \$31.00
Monday 5 Oct				
Tuesday 6 Oct				
Wednesday 7 Oct				
Thursday 8 Oct				
Friday 9 Oct				



Glen Eden Community House School Holiday Programme



Trip Day Permission	
<i>On all trip days the children must be at the program by 9.00am Children will be transported in either a bus , two vans and or a staff vehicle The children will be returning by 2.30 unless notified</i>	
I give permission for my child/ren to go on a trip day	Yes / No
Name of child/ren	
Trip One:	Friday 2nd October 2020 Skate land Mt Wellington <i>The Bus is leaving at 9.15 please be at the program by 9am</i>
Trip Two	Friday 9 October 2020 Butterfly Creek Mangere <i>The Bus is leaving at 9.15 please be at the program by 9am</i>

WINZ subsidies
Please return a copy of the proof of receipt from WINZ within one week of the date of this form being completed. If this is not received, you will be expected to pay prior to the program commencing.

Consent
<i>I give permission for my child to attend this Holiday Program including day trips away from the house and do not hold the program liable for any accidents (other than those arising from clear negligence) to my child in the program care. In the event of an emergency, I give permission for the program staff to carry out the program’s emergency policy to get my child the appropriate attention.</i>

I certify that the above information is an accurate and correct record

Signed: _____ Date _____

Privacy Statement
<i>The information collected on this form is for administration purposes and to send information on community house activities and future out of school care programs. You have the right to access and correct your information, subject to the restrictions in the Privacy Act 1993. This information will be held at the Glen Eden Community House Office 13 Pisces Road GLEN EDEN. From time to time the Ministry of Social development may access this information. As part of the program photographs or video’s may be taken these images remain the ownership of the Community House and may be used for advertising purposes. Please advise the Manager if you do not want your child/rens images used. Some of these images may be used on our Facebook page.</i>



Glen Eden Community House School Holiday Programme



Office use only:

FEES	
Program Fees	\$
Plus Surcharges	\$
Total Amount Due	\$

Payments:	Receipt	Amount
		\$
		\$
		\$
		\$

Check		
<i>WINZ Declaration</i>		
<i>WINZ New Subsidy</i>		
<i>Cash manager</i>		
<i>Emails data base</i>		
<i>Master List</i>		
<i>Other Information</i>		