



Waiuku Holiday Programme

Enrolment Form October 2017

Surname: _____ School Attending: _____

Childs name (1): _____ M/F DOB ___/___/___ Age: _____

Childs name (2): _____ M/F DOB ___/___/___ Age: _____

Childs name (3): _____ M/F DOB ___/___/___ Age: _____

Childs name (4): _____ M/F DOB ___/___/___ Age: _____

Parent/Guardian: _____ Mob: _____ Wk: _____

Parent/Guardian: _____ Mob: _____ Wk: _____

Postal Address: _____ Post Code: _____

Email address: _____

Emergency Contact: _____ Ph: _____

Who has permission to collect your child/ren: _____

Does your child have any particular health needs, food allergies or are they on any medication that we should be aware of? Or is there anything else we should know in order to take good care of your child? If your child has special needs, please complete a separate form (provided). _____

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 of access to the child that is subject to conditions. (Legal documentation supporting this must be provided for the Supervisor to photocopy and hold on file).

In summer months, where a school pool is utilised at our programmes I give permission for my child/ren to participate.

Yes / No

Please indicate if you would like to receive holiday programme information. Your name and address will be recorded on our mailing list so that holiday programme information will be sent in the mail to you prior to each holiday period. All personal information will remain confidential.

Yes / No

Kids After School regularly celebrates the children's artwork, activities, and results of personal effort. Kids After School has my permission to use any photo taken of my child/ren while attending their holiday programme, which is to be used for publication and/or promotional purposes only. If no preference circled we will take it as a Yes.

Yes / No

Programme Policy & Parent's Permission

Payment for the holiday programme is to be paid in full at the time of booking unless prior arrangements are made with the KAS Office. Extra charges will be invoiced for care provided outside original hours of booking. These must be paid within seven days. I will notify the programme if my child is to be absent, failure to do this may incur phone call charges at \$2.50 per call. Any fees that remain unpaid will be forwarded to a Collection Agency & will incur Collection Costs. Kids After School has a strict **no refund or transfer policy** (unless extenuating circumstances prevail). Please call the office for discussion. I understand that there are risks associated with my child/ren participating in the holiday programme. 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 Kids After School 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 and agree to pay associated costs. I give permission for my child to be taken to an alternative location eg civil defence centre in the event of an emergency situation. If anyone other than a person listed on my enrolment form is to collect my child I will notify the centre in writing. I give permission for my child/ren to be transported to and from excursions as indicated in our brochure. 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 agree to collect my child/ren in the event of the centre calling me to let me know my child/ren are unwell. Children are to bring their own morning tea & lunch. Afternoon tea is provided for those booked in after 3pm. From October to April each year, Kids After School has a strict "no hat no play" policy, please ensure your child brings a sunhat. All personal property must be named. We take no responsibility for lost property. There is a lost property box located in the programme.

Parent/Guardian Signature: _____ Parent DOB: ___/___/___

Date Signed: ___/___/___

Week One 2nd - 6th October	Before Care	Main Programme	After Care - Select One			Total Daily Cost
	7-8am	8am-3pm	3-4pm	3-5pm	3-6pm	
Mon 2 nd (Spring Celebrations)	<input type="checkbox"/> \$4	<input type="checkbox"/> \$29	<input type="checkbox"/> \$4	<input type="checkbox"/> \$8	<input type="checkbox"/> \$12	\$
Tues 3 rd (Mexican Fiesta)	<input type="checkbox"/> \$4	<input type="checkbox"/> \$29	<input type="checkbox"/> \$4	<input type="checkbox"/> \$8	<input type="checkbox"/> \$12	\$
Wed 4 th (Parakai Springs)	<input type="checkbox"/> \$4	<input type="checkbox"/> \$55		4-5pm <input type="checkbox"/> \$4	4-6pm <input type="checkbox"/> \$8	\$
Wed 4 th (Dance Party-Inhouse)	<input type="checkbox"/> \$4	<input type="checkbox"/> \$29	<input type="checkbox"/> \$4	<input type="checkbox"/> \$8	<input type="checkbox"/> \$12	\$
Thurs 5 th (Kelly Tarltons)	<input type="checkbox"/> \$4	<input type="checkbox"/> \$45	<input type="checkbox"/> \$4	<input type="checkbox"/> \$8	<input type="checkbox"/> \$12	\$
Thurs 5 th (Laser -8yrs+ only)	<input type="checkbox"/> \$4	<input type="checkbox"/> \$45	<input type="checkbox"/> \$4	<input type="checkbox"/> \$8	<input type="checkbox"/> \$12	\$
Fri 6 th (Cupcake Wars)	<input type="checkbox"/> \$4	<input type="checkbox"/> \$29	<input type="checkbox"/> \$4	<input type="checkbox"/> \$8	<input type="checkbox"/> \$12	\$
Week One Total Cost						\$
Week Two 9th - 13th October	Before Care	Main Programme	After Care - Select One			Total Daily Cost
	7-8am	8am-3pm	3pm-4pm	3pm-5pm	3pm-6pm	
Mon 9 th (Lego Challenge)	<input type="checkbox"/> \$4	<input type="checkbox"/> \$29	<input type="checkbox"/> \$4	<input type="checkbox"/> \$8	<input type="checkbox"/> \$12	\$
Tues 10 th (Spa or Sports)	<input type="checkbox"/> \$4	<input type="checkbox"/> \$29	<input type="checkbox"/> \$4	<input type="checkbox"/> \$8	<input type="checkbox"/> \$12	\$
Wed 11 th (Movies)	<input type="checkbox"/> \$4	<input type="checkbox"/> \$45	<input type="checkbox"/> \$4	<input type="checkbox"/> \$8	<input type="checkbox"/> \$12	\$
Movie Choice (Please circle)	Lego Ninjago / Captain Underpants					
Thurs 12 th (Magician)	<input type="checkbox"/> \$4	<input type="checkbox"/> \$45	<input type="checkbox"/> \$4	<input type="checkbox"/> \$8	<input type="checkbox"/> \$12	\$
Thurs 12 th (Skateland 8yrs+)	<input type="checkbox"/> \$4	<input type="checkbox"/> \$45	<input type="checkbox"/> \$4	<input type="checkbox"/> \$8	<input type="checkbox"/> \$12	\$
Fri 13 th (Freaky Friday)	<input type="checkbox"/> \$4	<input type="checkbox"/> \$29	<input type="checkbox"/> \$4	<input type="checkbox"/> \$8	<input type="checkbox"/> \$12	\$
Week Two Total Cost						\$
Movie Food Cost						\$
Total Cost						\$

Movie Food - Delete One

Yes please I would like to order

Choc Top Ice Cream \$4.00 ____ Small Popcorn \$ 3.00 ____ Coke/Sprite/Fanta \$3.00 ____
Water (no charge) ____

Order Total \$ ____

Cinemas have stated that the children are no longer able to bring their own food

Parents please see a supervisor if your child/ren has a food allergy.

WINZ APPLICATIONS

Tick here if you receive or would like to apply for a WINZ OSCAR Subsidy

OSCAR Subsidy applications **MUST** be submitted to WINZ prior to the start of the holidays. Notify KAS office at admin@kidsafterschool.co.nz or (09) 236 4078 once new applications have been submitted.

A deposit of **\$50 per child** and any movie food ordered is to be paid at the time of booking, unless prior arrangements have been made with the KAS office.

Bank account details: Kids After School Ltd 06-0401-0280875-00

Please state full name of child in Particulars as a reference.

Programme must be paid in full at the time of booking, unless prior arrangements have been made with the KAS office.

Please Note: There is no half hour part charge for before or after care

Office use only:

WINZ Form Completed WINZ Client No: _____ Date: __/__/__
Deposit \$ _____

Payment received: Cash Cheque Internet Banking Fastpay

Info Sheet Supplied (If applicable) Supervisor _____ (Please initial)