

## St Brendan's Holiday Programme

To enrol your child at our holiday programme, please complete and return this form. Please complete one form for every child attending.

All payments must be completed before the start of the programme, unless otherwise arranged with management.

See our payment options listed on back of this enrolment form. **This form can be accepted via email, send to [aboutkidzoscar@gmail.com](mailto:aboutkidzoscar@gmail.com)**

	2-6 October 2017					9-13 October 2017					
Sessions	M	T	W	T	F	M	T	W	T	F	
Holiday Programme 8.30am -4.30pm											
Before Care 7.00am -8.30am											
After Care 4.30pm -6.00pm											

Please complete all information below.

**Childs Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Primary Contact Person:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

Home Address (inc postcode): \_\_\_\_\_

Ph. No: Preferred \_\_\_\_\_ Alternative \_\_\_\_\_

Preferred Email addresses: \_\_\_\_\_

**Alternative Contact: Person:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

Ph. No: Preferred: \_\_\_\_\_ Alternative: \_\_\_\_\_

**Other Adults authorised to drop off/pick up your child/children and are contacts in case of Emergencies:**

PLEASE NOTE: Persons not listed here must not be sent to collect your child, unless by prior arrangement with Supervisor.

1. \_\_\_\_\_ Ph. No: Preferred: \_\_\_\_\_

2. \_\_\_\_\_ Ph. No: Preferred: \_\_\_\_\_

**Additional Information:** including health needs, disability, custody arrangements etc? (Please use an extra sheet of paper if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctors Name: \_\_\_\_\_ Ph. No: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Ph. No: \_\_\_\_\_

**Programmed Outings**

I give permission for my child/ren to participate in the planned excursions in the transport provided by About Kidz Oscar. **YES/NO**

**Consent for Use of Images**

I give permission for filmed and photographed images of my child, taken during the programme, to be used for the purpose of promoting and advertising About Kidz Oscar. **YES/NO**

**Viewing of Movies**

I give permission for my child to participate in the viewing of age appropriate movies provided by About Kidz Oscar during the running of the programme or when attending a movie cinema. **YES/NO**

Fee Structure	Holiday Programme 8.30am - 4.30pm	Before Care 7.00am - 8.30am	After Care 4.30pm - 6.00pm
Each child per day	<b>\$35.00</b>	<b>\$5.00</b>	<b>\$5.00</b>

**Payment Options:**

I am paying the \$ \_\_\_\_\_ fee due on enrolment in advance by:

Cash       Cheque made payable to About Kidz Oscar       Full Payment via Direct Credit

Instalments by Direct Credit  (If paying by instalments please complete the information below.)

No. of instalments: \_\_\_\_\_ Instalment amounts: \$ \_\_\_\_\_ Start Date: \_\_\_\_\_ Finish Date \_\_\_\_\_

For those paying by Direct Credit or Instalments, About Kidz Oscar's Bank details are as follows:

Bank ASB

Account Name About Kidz Oscar Limited

Acct Number **12 – 3223 – 0087768 – 00** (Please use your surname or your child's surname as a reference)

**Terms and Conditions:**

I agree to and acknowledge the use of the About Kidz Oscar school holiday programme on the following conditions:

- That my child/children are enrolled on receipt of full fee payment.
- I will immediately advise the Supervisor or Co-ordinator of any change in information on the enrolment form.
- I/We are aware that About Kidz Oscar will charge for all day(s) my child is enrolled to attend but is absent for any reason.
- I/We accept liability to pay for all costs associated to my child's scheduled days of enrolment.
- I/We understand that About Kidz Oscar has the right to recover all unpaid fees in a way About Kidz Oscar see fit and I/We are liable for all recovery costs associated to those fees.
- I/We understand that About Kidz Oscar will take action on my/our behalf in case of sudden illness or injury of my child at the Holiday programme. I/we authorise the obtaining of such assistance and/or treatment. I/we agree to meet all costs and fees incurred.
- Any late alteration to my child arrangements for care is to be passed on to the Supervisor or Co-ordinator as soon as possible and before that session begins.
- I will advise the supervisor of anything that disturbs or upsets my child.
- My child/children are to abide by the rules of behaviour set down by About Kidz Oscar Ltd and upheld by its staff members. Any child whose unreasonable behaviour affects both About Kidz Oscar Ltd staff members and other children attending, may be dismissed from attending, after all other possibilities have been explored.
- That my child/children will show respect and courtesy towards the supervisor, staff and all other children attending the About Kidz Oscar Ltd programme and that my child/children will be treated with that same respect by the supervisor and any other worker at About Kidz Oscar.
- Parents and children are to report to an About Kidz Oscar staff member on arrival after parents have signed the attendance register.
- I have discussed these points with my child/children and they are to abide by these conditions.
- I acknowledge that all care will be taken to provide supervision of children attending the programme in accordance with programme policy and procedures.
- I acknowledge however, in signing this form, that:
  - (i) Neither About Kidz Oscar Ltd staff members nor management of the programme will be liable for any loss or damage (by way of accident, injury, theft or otherwise) arising out of attendance at the programme.
  - (ii) Any damage deemed intentional by my child/ren will be my responsibility and I agree to meet costs incurred in repair/replacement.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

(Parent/caregiver)

**Privacy Act 1993:**

In terms of the Privacy Act 1993, I understand that the above information collected is essential information that About Kidz Oscar holds on my child. I understand these records may need to be viewed by About Kidz Oscar's Auditing bodies as required, i.e. CYF

OFFICE USE ONLY		
Total Amount for enrolment: \$ _____	WINZ applied for: Yes / No	Total paid by WINZ: \$ _____
Total paid by parent: \$ _____	Receipt Number: _____	