

# NATHAN HOMESTEAD PUKEPUKE

## Enrolment Contract School Holiday Programme

Please complete all sections

Enquiries: (09) 267 0180

nathanhomestead@aucklandcouncil.govt.nz

### 1 CHILD DETAILS

FAMILY NAME				Home number				
Child's Name (1)				DOB		F <input type="checkbox"/> M <input type="checkbox"/>		
Child's Name (2)				DOB		F <input type="checkbox"/> M <input type="checkbox"/>		
Child's Name (3)				DOB		F <input type="checkbox"/> M <input type="checkbox"/>		
Street Address			Suburb		Postcode		Ethnicity	
School Attended								

**2 The supervisor has my permission to arrange any necessary urgent medical treatment at my cost and to move my child(ren) in an emergency to a safer location.**

**PLEASE SPECIFY ANY MEDICAL CONDITION, OR ALLERGIES YOUR CHILD HAS, INCLUDING ADHD, ANY SPECIAL DIETARY NEEDS AND ANY SPECIAL NEEDS OR CIRCUMSTANCES ABOUT WHICH WE SHOULD BE MADE AWARE.**

**If your child requires medication administered while attending this programme, you are required to complete a separate MEDICAL CONSENT FORM.**

### 3 PARENT/CAREGIVER DETAIL

Name		Email	
Contact Phone (Day)		Mobile	

### 4 ALTERNATIVE EMERGENCY CONTACT

Emergency Contact Name (1)		Emergency Contact Name (2)	
Contact (Day)		Contact (Day)	
Mobile		Mobile	

**5 Please provide details of any person(s) who by law are denied access to your child (ren). A copy of the legal document must be kept on our file.**

**6 In accordance with the Early Childhood/OSCAR Regulations 1998, please record below persons who are authorised to collect your child (ren). Please remember, we need your written authorisation of any change to the persons listed below. Telephone or verbal advice is not sufficient.**

#### DISCLAIMER

By enrolling my child (children) in this programme, I agree to the Policies, Terms and Conditions. Any changes to these conditions will be notified to me. I acknowledge that Auckland Council, or their management or staff will not be liable for any loss or damage arising (by way of accident, injury, theft, or otherwise) out of attendance at the Nathan Homestead School Holiday Programme. I accept responsibility for any expenses incurred in obtaining treatment for my child in an emergency situation. I give permission for my child to be taken to an alternative location (e.g. civil defence centre) in the event of an emergency situation and for my child to be transported in accordance with the OSCAR, Auckland Council Excursion Policy. For late pick-ups after 5pm an additional \$1 per minute or part thereof per child will apply for children collected after their booking time. I understand that my child's photo may be taken while at the programme and could be used for programme promotional purposes – please advise us if you have any concerns.

#### PRIVACY ACT

The following information will be treated with confidentiality and access permitted only to Nathan Homestead staff. Please note that government officials may have access for non-identification purposes.

#### CANCELLATION

We reserve the right to cancel or postpone any class that does not reach minimum numbers. All programme details are accurate at the time of printing, but are subject to change.

#### REFUNDS

We have a no refund policy.

### 7 SIGNATURE

Date

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BOOKING FORM  
School Holiday Programme

**Please note that before-care is free from 8am to 9am.  
No booking required.**

CHILD'S NAME(S)

Date	COURSE CODE	After Care \$5 p/h	TOTAL	TOTAL
	9am - 3pm	3pm - 5pm total hours	Course Cost	After Care
Mon 14 April				
Tue 15 April				
Wed 16 April				
Thu 17 April				
Fri 18 April	GOOD FRIDAY	CLOSED		
Mon 21 April	EASTER MONDAY	CLOSED		
Tues 22 April				
Wed 23 April				
Thu 24 April				
Fri 25 April	ANZAC DAY	CLOSED		
SUBTOTAL				