

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	M
Child's Name (2)		DOB		F	M
Child's Name (3)		DOB		F	M
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 6pm 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 (please see our terms and conditions), refunds will be considered if a medical certificate is presented and contact with the programme is made prior to the day registered.

7 SIGNATURE

Date

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BOOKING FORM
Winter School Holiday
Programme 8 - 19 July 2024

CHILD'S NAME(S)

Date	Before Care FREE	Course Selection	After Care \$5 p/h	TOTAL	TOTAL
	<i>8am - 9am total hours</i>	<i>9am - 3pm insert code</i>	<i>3pm - 5pm total hours</i>	<i>Course Cost</i>	<i>Before/ After Care Cost</i>
Mon 8 July					
Tues 9 July					
Wed 10 July					
Thurs 11 July					
Fri 12 July					
Mon 15 July					
Tues 16 July					
Wed 17 July					
Thurs 18 July					
Fri 19 July					
				SUBTOTAL	
					TOTAL AMOUNT