

Please complete all sections

Enquiries: (09) 267 0180

nathanhomestead@aucklandcouncil.govt.nz

Enrolment Contract
School Holiday Programme

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	
School Attended	Ethnicity		

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 OF.

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

Contact Name (1)	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.

7 Signature

Date

BOOKINGS OPEN 9AM,
MONDAY 24 NOVEMBER, 2025

Booking Form
School Holiday Programme

		Course Code	After Care	After Care	Total After Care Cost	Total Course Cost
		9AM-3PM *Enter Class Code	3-4PM *Add \$5	4-5PM *Add \$5		
2025	*Example	Z1	\$5	\$5	\$10	\$80
		Z2				
	Mon 15 Dec					
	Tue 16 Dec					
	Wed 17 Dec					
	Thu 18 Dec					
	Fri 19 Dec					
2026	Mon 5 Jan					
	Tue 6 Jan					
	Wed 7 Jan					
	Thu 8 Jan					
	Fri 9 Jan					
	Mon 12 Jan					
2026	Tue 13 Jan					
	Wed 14 Jan					
	Thu 15 Jan					
	Fri 16 Jan					
	Mon 19 Jan					
	Tue 20 Jan					
2026	Wed 21 Jan					
	Thu 22 Jan					
	Fri 23 Jan					
	Sub Total					
	Total Amount					