

Y-OSCAR ENROLMENT FORM

Please fill out and send back to the YMCA Office, 428 Devonport Road, Tauranga.

Child's Name:

_____ (First names) (Last name)

Known as: _____

Date of Birth: ____ / ____ / ____ Male Female

School Attending: _____

Ethnicity:

- European/Pakeha
- NZ Maori
- Pacific Island
- Other

Swimming Ability:

- Learner
- Average
- Confident

Child's Name:

_____ (First names) (Last name)

Known as: _____

Date of Birth: ____ / ____ / ____ Male Female

School Attending: _____

Ethnicity:

- European/Pakeha
- NZ Maori
- Pacific Island
- Other

Swimming Ability:

- Learner
- Average
- Confident

1st Point of Contact

Parent/guardian name: _____

Home address: _____

Home phone: _____

Employer: _____

Car registration number: _____

ID (Drivers license): _____

Relationship to child: _____

Mobile phone: _____ Work phone: _____

Email: _____

Date of birth: _____

2nd Point of Contact (1st emergency contact)

Parent/guardian name: _____

Home address: _____

Home phone: _____

Employer: _____

Car registration number: _____

ID (Drivers license): _____

Relationship to child: _____

Mobile phone: _____ Work phone: _____

Email: _____

Date of birth: _____

Those Authorised to Collect Child (we will not release your child(ren) to people not on this list)

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

From time to time, staff may take photos of the children to record activities or to use in our promotional material.

Please tick the box if you do NOT wish to have your child(ren)'s photo published in our newsletters, website or any other YMCA publication:

Custody Arrangements (access subject to conditions/forbidden access): YES NO

Please explain: _____

Name: _____ Address: _____

Phone: _____ Mobile: _____ Relationship to child: _____

Health Information

Surgery name: _____

Surgery phone number: _____

Child's Doctor: _____

NOTE ABOUT EMERGENCY MEDICAL ARRANGEMENTS – In the event of an emergency the Supervisor will attempt to contact a parent first. If unable to contact a parent appropriate medical action will be taken and the parents contacted as soon as possible.

Food allergies: _____

Other allergies: _____

Chronic illness: _____

Medication required: _____

Are there any special needs or additional requirements? YES NO

If Yes please provide us with details below:

Individual Child Details

Please provide us with any information that may be relevant to your child and help assist our staff at the After School Care programme.

Bookings Required

Booked daily session: Monday Tuesday Wednesday Thursday Friday

Casual / per day Full week (Mon – Fri)

Start Date: ____ / ____ / ____ Finish Date: ____ / ____ / ____ or Until further notice

Change of Details

It is your responsibility to inform the After School Care Administrator of any changes to the information on this form and/or any changes to your child(ren)'s attendance i.e. extra days required or cancellations.

Privacy Act Declaration

The information that you have supplied is necessary for the safe and effective operation of the After School Care programme, and has only been collected for that purpose. This information may be shared with government agencies for statistical purposes only.

Parent/Caregiver Declaration

I, _____, have read and understood the Parent/Caregiver Important Information and agree to each and every item. I also agree to read any and all updates on the programme provided to me either via email, post or handout at the Centre. I also give consent for my child(ren) to attend all scheduled activities as well as substitute activities that may be needed. This includes transporting and walking to venues and swimming.

Signed: _____

Date: ____ / ____ / ____