



YMCA | AFTER SCHOOL CARE PROGRAMME

Download the parent handbook from www.ymcatauranga.org.nz for all important information on the After School Care Programme.



Registration Form - Child

Centre:

Child Information

Name: _____

Preferred Name: _____

DOB: __/__/____ Age: _____

Ethnicity: _____

Gender: Female Male
Non-binary/Intersex

School: _____ Room _____

I give permission for my child to be photographed Yes No

I give permission for sunscreen to be applied to my child Yes No

Health and Participation Information

Food allergies: _____

Other allergies: _____

Medical conditions: _____

Will your child bring medication to the programme? Yes No

Swimming ability : Beginner Competent Advanced

Does your child have any cultural or religious needs? Yes No

Does your child have any other special needs or requirements staff need to be aware of? Yes No

Booking Information

Start Date: __/__/____ Finish Date __/__/____ or until further notice

Monday 4.30 finish 6pm finish **Illness:** Absences due to illness with notice before 1pm on the day of absence receive a part charge. Medical certificate may be required.

Tuesday 4.30 finish 6pm finish **Absences:** Absences for reason other than sickness will be charged at the full booked rate.

Wednesday 4.30 finish 6pm finish **Adding days:** Additional days with fewer than five full working days notice are charged the casual rate.

Thursday 4.30 finish 6pm finish **Cancellations:** Cancellations with fewer than five full working days notice are charged at the full booked rate. More than five working days notice receives no charge.

Late Pick Up Fee: Late pickups are charged at \$10 for the first 15 minutes then \$10 for every 15 minutes thereafter.

Parent / Caregiver

The information I have provided to YMCA Tauranga is true and correct to the best of my knowledge. By signing this registration form I acknowledge that I have read, understand, and accept YMCA Tauranga Out of School Care terms and conditions. I give consent for my child to attend all scheduled activities as well as substitute activities that may be needed, this includes transportation and swimming.

Parent/caregiver's name: _____

Sign: _____ Date: __/__/____

Privacy Act Declaration: The information that you have supplied is necessary for the safe and effective operation of the Out of School Care Programme and has only been collected for that purpose. This information may be shared with Government agencies for statistical purposes only.