



# YMCA | AFTER SCHOOL CARE PROGRAMME

Download the parent handbook from [www.ymcatauranga.org.nz](http://www.ymcatauranga.org.nz) for all important information on the After School Care Programme.



## Registration Form

Centre: \_\_\_\_\_

### Parent / Caregiver Information

Parent/caregiver's name: \_\_\_\_\_

Relationship to child/ren: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Place of Work: \_\_\_\_\_

I give consent for medication to be administered to my child/ren Yes  No

I would like to receive invoices by email. Yes  No

I would like to receive emails with information and promotions related to YMCA Tauranga After School Care Yes  No

I would like to receive emails with information related to other YMCA Tauranga products and services. Yes  No

### Emergency Contacts

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Other people who may pick up your child/ren

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Special instructions: \_\_\_\_\_ Special instructions: \_\_\_\_\_

### Custody Arrangements

Is there anyone specifically **not allowed access** to your children?

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Please attach any relevant paperwork.

### WINZ Programme Subsidies

Are you applying for a WINZ subsidy? Yes  No

Is the correct form enclosed? Yes  No

I understand that if for whatever reason my WINZ application is declined or only partially paid, I am liable for the remaining costs of registering my child/ren in the YMCA After School Programme.

### Health Information

Family Doctor Practice: \_\_\_\_\_

Doctor Practice phone: \_\_\_\_\_

Doctor name: \_\_\_\_\_

Sign: \_\_\_\_\_

### Payment

Before care of my child starts I agree to pay a bond of \$80.00 that will remain as a credit in my account. I agree to pay in advance for the care of my child.

Sign: \_\_\_\_\_



# YMCA | AFTER SCHOOL CARE PROGRAMME

Download the parent handbook from [www.ymcatauranga.org.nz](http://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.
- Friday 4.30 finish  6pm finish

**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.