



## Registration Form

### Parent/Caregiver Information

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

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

Address: \_\_\_\_\_ Place of Work: \_\_\_\_\_

Home : \_\_\_\_\_ Mobile: \_\_\_\_\_ Work : \_\_\_\_\_

### Emergency Contacts | Two additional contacts required

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

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

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

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

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

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

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

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

### Custody Arrangements | Is anyone specifically not allowed access to your children? | Please attach any relevant paperwork.

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

### Health Information

Family Doctor Practice: \_\_\_\_\_ Phone: \_\_\_\_\_ Doctor name: \_\_\_\_\_

#### Permission

I give consent for supplied 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 related to YMCA Tauranga Holiday Programmes Yes  No

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

Preferred contact for billing: Phone call  Text  Email

#### WINZ Programme Subsidies

Are you applying for a WINZ subsidy? Yes  No

Is the correct form enclosed? Yes  No

I understand that if for any 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 Holiday Programme. It is my responsibility to submit forms to WINZ and follow up the application.

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

### Terms and Conditions

**Absences:** Please notify the office of absences as soon as possible, no later than 9am on the day of absence. Absences will be charged at the full booked rate. Absences due to illness with a medical certificate may be granted a refund at the discretion of Management

**Attendance:** Children must be signed in on drop off and out at the time of collection. Children will not be released to any person not named in the registration process without prior written consent. No refunds will be given for cancellations or transfers within 5 days of programme commencement. If your child is suspended from the programme no refund will be given. The YMCA reserves the right to change the programme at any time without notification. Attendance in our programmes is deemed as acceptance of all policies.

**Late Fees:** Pickups after the centre closes at 5.30pm will be charged at \$10 for the first 15 minutes and \$10 every 15 minutes thereafter.

**Accounts:** Any refunds given will incur a \$15 administration fee. If your account is overdue and requires debt collection, you will be liable for any and all legal collection charges necessary to recover this amount. Your child will not be allowed to attend the programmes until the debt is cleared. If your WINZ application is declined or partially paid, it is your responsibility to pay the remaining cost of your child's booking.

**General:** Children must come to Holiday Programme with sufficient food, water, and a sunhat. YMCA is not responsible for the loss or damage of personal items left in the child's possession.

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

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 Holiday Programme terms and conditions. I give consent for my child to attend all scheduled activities as well as substitute activities that may be needed, including transportation and swimming.

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



## Child Information

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

Gender: Female  Male  Ethnicity: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Room \_\_\_\_\_

## Health and Participation Information

Food allergies: \_\_\_\_\_

Other allergies: \_\_\_\_\_

Does your child have an anaphylactic reaction to anything? Yes  No

Medical conditions: \_\_\_\_\_

Will your child bring medication to the programme? Yes  No

Swimming ability : Beginner  Competent  Advanced  | Cultural or religious needs? Yes  No

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

Does your child have behaviour management needs, or special needs or requirements staff need to be aware of? Yes  No

## Booking Information

			Tauranga Tauranga Boys' College Gym - Devonport Road		Mount Maunganui Mount Football Club - Links Ave
			Age Group	Van Transport Welcome Bay <input type="checkbox"/> Otumoetai <input type="checkbox"/>	Age Group
Monday 10th June		\$45	5-8 <input type="checkbox"/> 9-13 <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>	5-8 <input type="checkbox"/> 9-13 <input type="checkbox"/>
Tuesday 11th June		\$45	5-8 <input type="checkbox"/> 9-13 <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>	5-8 <input type="checkbox"/> 9-13 <input type="checkbox"/>
Wednesday 12th June	Movies	\$50	5-8 <input type="checkbox"/> 9-13 <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>	5-8 <input type="checkbox"/> 9-13 <input type="checkbox"/>
Thursday 13th June		\$45	5-8 <input type="checkbox"/> 9-13 <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>	5-8 <input type="checkbox"/> 9-13 <input type="checkbox"/>
Friday 14th June		\$45	5-8 <input type="checkbox"/> 9-13 <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>	5-8 <input type="checkbox"/> 9-13 <input type="checkbox"/>
Monday 17th June		\$45	5-8 <input type="checkbox"/> 9-13 <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>	5-8 <input type="checkbox"/> 9-13 <input type="checkbox"/>
Tuesday 18th June		\$45	5-8 <input type="checkbox"/> 9-13 <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>	5-8 <input type="checkbox"/> 9-13 <input type="checkbox"/>
Wednesday 19th June	Swimming	\$50	5-8 <input type="checkbox"/> 9-13 <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>	5-8 <input type="checkbox"/> 9-13 <input type="checkbox"/>
Thursday 20th June		\$45	5-8 <input type="checkbox"/> 9-13 <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>	5-8 <input type="checkbox"/> 9-13 <input type="checkbox"/>
Friday 21st June		\$45	5-8 <input type="checkbox"/> 9-13 <input type="checkbox"/>	am <input type="checkbox"/> pm <input type="checkbox"/>	5-8 <input type="checkbox"/> 9-13 <input type="checkbox"/>

## Terms and Conditions

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

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

Date: \_\_\_/\_\_\_/\_\_\_

## Notes:

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