

YMCA Tauranga | SPRING HOLIDAY PROGRAMME

2nd to 13th September 2017 | Register and pay online at www.ymcatauranga.org.nz



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: __/__/____

YMCA Tauranga | SPRING HOLIDAY PROGRAMME

10th to 21st July 2017 | Register and pay online at www.ymcatauranga.org.nz



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 2nd September		\$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 3rd September		\$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 4th September	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 5th September		\$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 6th September		\$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 9th September		\$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 10th September		\$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 11th September		\$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"/>
Thursday 12th September		\$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 13th September		\$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"/>

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Parent/caregiver's name: _____

Sign: _____ Date: ___/___/___
