



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 - These are people other than yourself we can speak with.

Name: _____ Relationship to child: _____

Phone: _____ Mobile: _____

Name: _____ Relationship to child: _____

Phone: _____ Mobile: _____

Other people who may pick up your child/ren (Only those listed will be allowed)

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

Have you provided us with your Yes No

I understand that without my WINZ confirmation letter my child/children are not completely enrolled in the YMCA After School Programme.

Therefore, I am liable for any remaining costs of registering my child/ren in the YMCA After School Programme.

Health Information

Family Doctor Practice: _____

Doctor Practice phone: _____

Doctor name: _____



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:** Calls to office before 1.00pm on day of absence required for part charge to apply—\$13.00 if booked for full session (6.00pm)

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: __/__/____