

Grey Lynn Community Centre Holiday Programme

510 Richmond Rd, Grey Lynn, ph 378 4908 glccentre@xtra.co.nz

ENROLMENT CONTRACT

Name..... Age..... Date of Birth.....

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Address.....

Parent/Caregiver..... ph#.....

Parent/Caregiver..... ph#.....

Other people authorised to collect your child.....

Alternative Emergency Contact - This must be provided

Name ph#.....

Authorised Access - Is there anyone forbidden by law to have access to the child or children who are enrolled on this contract? YES / NO

If YES, please provide a copy of the legal document that supports this claim.

Health - please specify any medical condition/allergies your child has, including ADHD, any special dietary needs or circumstances about which we should be made aware.

.....

Doctor..... ph#.....

I give permission for my child/ren listed above to attend excursions planned in the Holiday Programme. I allow first aid to be administered to my child if necessary and acknowledge that in case of an emergency my child will be taken to the nearest Medical Centre and that I will reimburse the costs of any treatment to the Grey Lynn Community Centre.

I acknowledge that; every care is taken to provide proper supervision of children.

I acknowledge that the Centre is not responsible for lost property and that my child will wear suitable clothing for active play and planned trips.

I am responsible for any damage that my child causes to Centre property.

I understand that the programme may photograph children as part of the planned activities and that these photographs will be used in a responsible and appropriate manner only for promotion directly related to the community centre.

Signed..... Date.....

Wk Ph Home Ph.....

Mb Ph..... email.....

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PARENT CONTRACT

PLEASE SIGN THIS CONTRACT TO COMPLETE ENROLMENT.

Please note: if you have any questions about the programme or wish to see a copy of the programme policy prior to signing please do not hesitate to ask a member of staff.

I/we agree and acknowledge:

I have read and understand the Parent Contract Information Sheet.

The supervisor has my permission to arrange any necessary urgent medical treatment at my cost.

All care will be taken to provide supervision of children attending the programme in accordance with programme policy and procedures. I acknowledge however, in signing this form that neither the staff nor management of the programme will be liable for any loss or damage (by way of accident, injury, theft or otherwise) arising out of attendance at the programme.

Name of parent/caregiver

Signature of parent/caregiver

Date

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BOOKING FORM - APRIL 2010

<u>Week 1</u>	<u>Attendance</u> <i>(pls indicate)</i>		<u>No. of</u> <u>Children</u>	<u>Total</u> <u>Daily Fee</u>
Tue 6/4	8am-3pm	8am-5pm	.....	.....
Wed 7/4	8am-3pm	8am-5pm	.....	.....
Thu 8/4	8am-3pm	8am-5pm	.....	.....
Fri 9/4	8am-3pm	8am-5pm	.....	.....
 <u>Week 2</u>				
Mon 12/4	8am-3pm	8am-5pm	.....	.....
Tue 13/4	8am-3pm	8am-5pm	.....	.....
Wed 14/4	8am-3pm	8am-5pm	.....	.....
Thu 15/4	8am-3pm	8am-5pm	.....	.....
Fri 16/4	8am-3pm	8am-5pm	.....	.....
 <u>TOTAL PAYABLE</u>				 \$_____

Programme Fees 8am - 3pm @ \$25 per child
 8am - 5pm @ \$30 per child

Programme fees are non-refundable - please refer to the Parent Contract Information Sheet under Absences and Fees.

Please note that we close promptly at 5pm and you will incur a late fee of \$1 per minute per child if you arrive late to collect your child/ren.