

PROGRAMME ENROLMENT AND TRIP PERMISSION FORM

Child's full First & Surname 1. _____ D.O.B _____ age _____
date of birth and age: 2. _____ D.O.B _____ age _____
3. _____ D.O.B _____ age _____
4. _____ D.O.B _____ age _____

Address: _____ Phone: _____

WINZ Client number (If applicable): _____

Mothers (Guardian's) name: _____ Fathers name: _____

Address (if different to above): _____

Home phone: _____ Hm ph: _____

Mobile: _____ Mobile: _____

Work place & phone No: _____ Wk details: _____

Email Address: _____

Alternative Emergency Details:

List other persons we can phone and that are authorised to collect your child/ren if you are un-contactable (relative, friend, neighbour):

Name: _____ Phone: _____ Mobile: _____ Relationship: _____

Name: _____ Phone: _____ Mobile: _____ Relationship: _____

Other Persons Authorised To Pick Up Your Child/ren:

Name: _____ Name: _____

Special Instructions regarding collection and access to child/ren: _____

Medical: (please circle and list details of answers)

Does your child/ren have any medical conditions? **YES / NO** Child's Name: _____

List description of condition & symptoms: _____

Is medication required? **YES / NO** Time/Dosage of Meds: _____

Is assistance required for administrating medication: **YES / NO** If so how: _____

Child's Doctor: _____ Phone: _____

Please circle and list any details:

Permission for child/ren to swim? **YES / NO** Is your child a competent/confident swimmer (can swim 25 meters) **YES / NO**

Any additional details & information: _____

SIGNED ENROLMENT DECLARATION & PERMISSION

I HEREBY ACKNOWLEDGE AND AGREE:

I have read and understand the programme brief, refund policy and approve of my child/ren attending the holiday programme, activities and trips. - I will supply my child with lunch, drinks & sunhat everyday that they attend the programme. - I give permission for my child to be transported. - I will sign my child into the programme upon arrival and out again when I collect my child. - West Wave is not responsible for children once signed out of the programme. - I will advise West Wave in writing if my child is to be collected by other persons than those detailed on this form, and or is to make their own way home unattended after the programme.

- Early & Late Fees Per Child: I agree to pay \$4 PreCare if my child arrives prior to 8:45am & \$7 AfterCare if collected after 3:15pm if not enrolled for these options; Late Collection Fees of \$5 for every 5 minutes per child apply after 6pm. Fees must be paid prior to the end of the programme or my child's enrolment finishing (fees are enforced from the timings above taken from the Programme time).

- I understand that there are risks associated with my child/ren attending the holiday programme. To help minimise these risks, the programme has safety procedures as well as policies, rules and boundaries for all children that must be complied with. - In the event of an accident, injury or illness I authorise the obtaining of medical assistance/treatment as thought necessary by the staff. - Where medical conditions exist, West Wave has been informed and the medical portion of the form is completed. - I will keep my child at home or in alternative care if unwell or recovering from illness including vomiting and diarrhoea within the last 72 hours.

- If I give permission for my child to be photographed / filmed, I am aware that these may be displayed in house and West Wave reserve the right to use them in their publicity, advertising and marketing.

- I give permission for my child to be photographed/filmed **Yes** **No** (please tick one box only)

- I give permission for sun-block to be applied to my child **Yes** **No** (please tick one box only)

- West Wave is not responsible for and accepts no liability for loss, theft or damage to children's possessions. - That activities may change without notice if circumstance demand and West Wave is not obliged to offer any recompense for this occurring.

Parent/Guardian: _____ Signed: _____ Date: _____

West Wave Holiday Programme 5-14 Year Olds

Enrolment Form 16th – 23rd December 2009

Print Name: _____ age _____

Discounted day charge of \$15 p/child is applicable for siblings only living together and attending the programme on the same day.

Week 1	Teen Scene (10-14 year olds)	Recreation (5-9 year olds)	PreCare \$4 7.30-	AfterCare \$7 3-6pm
Wed 16 th	<input type="checkbox"/> \$16/15 Sports Galore	<input type="checkbox"/> \$16/15 Sports Galore	<input type="checkbox"/>	<input type="checkbox"/>
Thu 17 th	<input type="checkbox"/> \$16/15 Arts 'N' Crafts	<input type="checkbox"/> \$16/15 Arts 'N' Crafts	<input type="checkbox"/>	<input type="checkbox"/>
Fri 18 th	<input type="checkbox"/> \$16/15 Centre Option, <i>or</i> <input type="checkbox"/> \$28 Trip Movies & West Wave	<input type="checkbox"/> \$16/15 Centre Option, <i>or</i> <input type="checkbox"/> \$28 Trip Movies & West Wave	<input type="checkbox"/>	<input type="checkbox"/>
Week 2				
Mon 21 st	<input type="checkbox"/> \$16/15 Cooking Up a Storm	<input type="checkbox"/> \$16/15 Cooking Up a Storm	<input type="checkbox"/>	<input type="checkbox"/>
Tue 22 nd	<input type="checkbox"/> \$16/15 Pool Party Day	<input type="checkbox"/> \$16/15 Pool Party Day	<input type="checkbox"/>	<input type="checkbox"/>
Wed 23 rd	<input type="checkbox"/> \$16/15 Movie Day	<input type="checkbox"/> \$16/15 Movie Day	<input type="checkbox"/>	<input type="checkbox"/>
Sub Total: \$ _____ +		\$ _____ +	\$ _____ +	\$ _____

TOTAL DUE \$ _____ * FULL payment must be provided on registration. Failure to make full payment may result in the cancellation of the unpaid enrolment portion. 15% is required by all applicants for WINZ subsidy.

Amount Paid \$ _____ Date pd: _____ Receipt #: _____ Staff Init: _____

Balance Due \$ _____ Date pd: _____ Receipt #: _____ Staff Init: _____

OSCAR Subsidy

Please Note: OSCAR Subsidy applicants must pay in advance as above and will be reimbursed the subsidy by Council cheque once WINZ has made payment to the centre at the completion of the programme.

Application Forms completed **YES / NO** Date: _____ Staff Init: _____ Approved **YES / NO** date: _____

HOLIDAY PROGRAMME REFUND POLICY

There are no refunds or credits of payments for enrolments unless the following cancellation notice periods and procedures have been followed:

-7 days notice prior to the **start** of the programme or doctors medical certificate: Full refund or a Programme voucher to the same value.

-5-7 days notice prior to the **start** of the programme or a doctor's medical certificate: 75% refund of enrolment fee or a programme credit voucher to the full value of the enrolment.

-3-5 days notice prior to the **start** of the programme: -50% refund of enrolment fee or a Programme credit voucher to 75% value.

-2 full working days notice prior to the **start** of the programme: -No Refund or Credit unless with Doctors/medical certificate or special circumstances, approved by the Programme Manager: -50% enrolment fee will be issued for the period stated.

-Less than 2 days notice, i.e. the day before or on the day notice will not receive any refund: -No Refund or Programme Credit.

-**NO** transferring, swapping or substituting of booked dates or children is allowed

How to cancel your booking:

- Contact the Recreation Officers or Programmes Supervisors ph 835-0778 or email: wwreccentre@waitakere.govt.nz
- Follow up request in writing and deliver or fax to 838-3709
- Cancellation will not be effective until Recreation/Programme Staff have given confirmation.

Refunds will be issued by Council cheque and should be received within ten working days after confirmation of cancellation. Programme Credit Vouchers will be issued with an expiry date of the next holiday period.

If applying for WINZ OSCAR Subsidy you are required to pay 15% prior to the start of the programme and we will reimburse the difference to the applicant when the subsidy is approved in writing by WINZ or payment is received, in some instances this can be after the programme has finished.

SORRY NO CASH REFUNDS OR REIMBURSEMENTS CAN BE GIVEN