



11 WAIHEMO STREE
WAITANGIRU,
PORIRUA 502

PHONE : 04 235868
FAX: 04 235868

**ATAMU EFKS INCORP SOCIETY
HOLIDAY PROGRAMME
REGISTRATION FORM 2016**

Child(ren)'s Details:

Name	DoB	AGE	Gender	Ethnicity	School

Please tick the days you would like to enrol your child:

- Monday 19 December, 2016
- Tuesday 20 December, 2016
- Wednesday 21 December, 2016
- Thursday 22 December, 2016
- Friday 23 December, 2016

Please advise the drop off/pick up time for your child below:

Drop off time: _____ (The venue will be opened from 7.30am, programme to begin at 9am)

Pick up time: _____ (Programme ends at 4.30pm, pick up by 5.00pm)

Parents/Guardians Details:

Mothers Name		
Address		
Contact Numbers	Home	
	Work	
	Mobile	
	E-mail	
Fathers Name		
Address		
Contact Numbers	Home	
	Work	
	Mobile	
	E-mail	

Emergency Contacts:

(1) Name		
Relationship to Child		
Address		
Contact Numbers	Home	
	Work	
	Mobile	
	E-mail	
(2) Name		
Relationship to Child		
Address		
Contact Numbers	Home	
	Work	
	Mobile	
	E-mail	

People authorised to collect your child (ren):

1 _____
2 _____
3 _____
4 _____

MEDICAL CHECK LIST:

Family Doctor (name and contact phone number) - Dr _____ Telephone: _____

Does your child have a medical problem? YES NO

Allergies Asthma Hearing Difficulties Diabetes

Heart Condition Eating Problems Orthopaedic difficulties Vision difficulties

Specifics of the above:

Additional Information:

Does your child have any particular health needs we should be aware of?

(eg, Allergies, food requirements, asthma, medical conditions etc.)

Is there anything else we should know about in order to take good care your child?

(eg, custody arrangements, special needs, behavioural issues etc.)

Parent Contract

Please sign this contract to complete the registration. If you have any questions about the programme or wish to see a copy of the programme policies prior to signing, please do not hesitate to ask a member of staff.

I/we agree and acknowledge that:

- I have read and understand the registration information.
 - The supervisor has my permission to arrange any necessary urgent medical treatment at my cost
 - The supervisor and staff have my permission to use my child(ren's) photos for reporting and in the ATAMU website
 - I will notify the supervisor of any changes to the registration information in a timely fashion.
 - I agree to pay fees as stipulated in the fees policy, before the programme begins.
- (Please note any online payments or bank deposits must be made to the Atamu Incorp Society account 03-0547-0841372-03 with child's first name initial and last name as reference)**

All care will be taken to provide supervision of children attending the programme in accordance with programme policies and procedures.

Name of parent: _____

Signature of parent: _____ Dated: _____

Privacy Act 1993:

The information that you have supplied is necessary for the safe and effective operation of the ULIMASAO programme. All personal information requested will be destroyed at the completion of your child's time in the programme. You are welcome to review information pertaining to your child's enrolment at any time.