



YMCA Nelson OSCAR

# Holiday Programme Registration Spring 2021

Childs Full Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

School: \_\_\_\_\_ Class Number: \_\_\_\_\_ Gender: Male/Female/Other \_\_\_\_\_ Ethnicity: \_\_\_\_\_

**Account Information:** the person your account will be registered to for billing purposes

Parent/Guardian: \_\_\_\_\_

Email: \_\_\_\_\_ Can invoices be sent via email? Yes No

Address \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone number/s: \_\_\_\_\_ Will you be applying for WINZ subsidy? Yes No

**Emergency Contacts:** will be contacted if the above is unavailable and are authorized to collect from the program

Name:	Phone:	Relationship to child:
Name:	Phone:	Relationship to child:
Name:	Phone:	Relationship to child:
Name:	Phone:	Relationship to child:

**Is there anyone we should NOT release your child to?** Custody documents MUST be given to us upon enrolment.

**Name:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Will your child be signing in or out of the program alone?** E.g. walk to or from the program. **Yes/No** If yes you will need to sign our waiver

**Medical Information**

Does your child have any of the following?	If you have answered yes to any of these questions, please provide details:	
Medical conditions? <b>Yes / No</b>		
Dietary conditions? <b>Yes / No</b>		
Medication? <b>Yes / No</b>		
Known or suspected allergies? <b>Yes / No</b>		
If yes, is this allergy anaphylactic? <b>Yes / No</b>		
Injuries we need to be aware of? <b>Yes / No</b>		

**Doctors Name:** \_\_\_\_\_ **Practice:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Program Management**

Is there anything else we should know about your child including any behavioural issues, and diagnosed or undiagnosed medical conditions?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The more information you provide us, the more enjoyable your child's time at the YMCA will be. We appreciate knowing how we can best accommodate your child by using a proactive and positive approach before the program begins. If there is anything we should know about, or you have any questions or concerns, please contact the office to discuss on 027 237 9078 or (03) 545 6760

Consent:		
I give YMCA permission to provide/apply sunscreen to my child*	Yes / No	If no, please provide sunscreen for your child
I give YMCA permission to transport my child in YMCA vehicles as required	Yes / No	
I agree that my child can swim in pools under supervision of YMCA staff	Yes / No	<b>Swimming ability:</b> Beginner intermediate strong
I give YMCA permission to photograph/video my child while in attendance at the YMCA programmes, these photos may be used for marketing use including on our Facebook page	Yes / No	

**Bookings:**

**Please indicate your booking times and program below.** Programmes are open 8:00am – 6:00pm, bookings can be made for within these times and all are included in the set fee. Fees are indicated on the programme activity schedule.

2021 Spring Program – PLEASE INDICATE BOOKING TIMES					
Week 1	Monday 4 <sup>th</sup> Oct	Tuesday 5 <sup>th</sup> Oct	Wednesday 6 <sup>th</sup> Oct	Thursday 7 <sup>th</sup> Oct	Friday 8 <sup>th</sup> Oct
<b>Times:</b>					
Week 2	Monday 11 <sup>th</sup> Oct	Tuesday 12 <sup>th</sup> Oct	Wednesday 13 <sup>th</sup> Oct	Thursday 14 <sup>th</sup> Oct	Friday 15 <sup>th</sup> Oct
<b>Times:</b>					

**Program Location (circle):      VICTORY      NAYLAND**

**Is there anything else we should know?**

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**Parental Contract and Conditions of Registration**

In signing this form, you are agreeing to the following:

- 1.) I agree to promptly pay fees for the days I have booked
- 2.) I agree I will advise the programme or the office when my child will be absent from the programme before commencement of the days program. An additional fee may be charged if we are not advised of the child's absence.
- 3.) OSCAR After School Care programmes have a 24-hour cancellation policy. Cancellations must be made to the office no later than 6:00pm the day before programme for a no fees cancellation. Cancellations made after 6:00pm will be charged at the full rate.
- 4.) Invoicing is issued weekly; payment is required within 7 days of the date issued. Ongoing failure to pay fees owing or set up of a payment plan will result in accounts sent to debt collection and may result in your child no longer being eligible to attend the centre. Debt collection costs incurred are the responsibility of the parent/guardian.
- 5.) I give my child permission to go on planned outings or excursions and they may participate in planned outdoor and recreational activities. I am aware that children will be transported to those activities by bus, taxi, YMCA vans, or walking.
- 6.) I hereby authorise YMCA Nelson staff to seek emergency medical treatment for my child whenever it is deemed necessary, and I am unable to be contacted.
- 7.) I acknowledge however, in signing this form, that neither the staff nor management of YMCA Nelson will be liable for any loss or damage (by way of accident, injury, theft, or otherwise) arising out of attendance of the OSCAR program.

**Privacy act 2020:**

The information you have supplied is necessary for the safe and effective operation of the YMCA programmes. YMCA may share information with appropriate agencies (such as Ministry of Education, Ministry of Social Development, medical providers, schools) if sharing of information will protect, or improve the health, well-being, and safety of your child. YMCA can always share information with Oranga Tamariki and/or the police by law.

You are welcome to review the information pertaining to your child's enrolment at any time.

**Sign below if you have read and agree to the above stated Conditions of Registration**

Parent/Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

**Once your enrolment has been received you will receive a confirmation letter via email**