



# YMCA Nelson

## After School Care and Holiday Program Registration Form

Enrolment information must be completed each year to register your child After school Care and for each Holiday Program. Please ensure all sections on this form are complete before returning.

Child's full name: \_\_\_\_\_

Date of birth (DOB): \_\_\_\_\_ Gender(circle): M / F Ethnicity \_\_\_\_\_

**Account information:** The following person is who the account will be registered to

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

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

Address/Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellphone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Will you be applying for WINZ subsidy? **Yes / No** If yes, please contact the office for WINZ application forms.

**Emergency contacts:** The following are people we will contact if above contact is unavailable

Alternate/Emergency Contact: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone: \_\_\_\_\_

**Authorized to collect:** The following people can collect your child from the program. We can update this list at any time. If someone comes to collect your child that is not on this list, you will be contacted by the program supervisor.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Is there anyone who we should not release your child to? (Please provide legal documents e.g. custody if required)

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

If you require your child to sign themselves out (e.g. to walk home) without a parent/guardian, please let us know as a permission form is required.

**Medical Information:**

Will your child be bringing any medication to the program? **Yes / No**

Are there any past or current injuries that we should be aware of? **Yes / No**

Does your child have any medical conditions? **Yes / No**

Does your child have any dietary conditions? **Yes / No**

Does your child have any known or suspected allergies? **Yes / No**

Is your child anaphylactic to the above allergy? **Yes / No**

If you have answered yes to any of these questions, please provide further details:

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

**Doctors Information:**

GP Name: \_\_\_\_\_ Practice: \_\_\_\_\_ Phone: \_\_\_\_\_

**Photography & Videography consent:**

I give permission for YMCA OSCAR staff to capture and use imagery (videos and/or photographs of my child(ren)). I certify that I am over 18, and If providing consent for dependents that I am their parent or legal caregiver/guardian. I grant YMCA rights to use the images resulting from the photography and/or videography, and any reproductions or adaptations of the images and/or video(s) for fundraising, publicity, or other purposes to help achieve the YMCA's aims. This might include but is not limited to the right to use them in their printed and online publicity, social media, press releases and funding applications. I understand that all imagery and/or footage will be held securely by the YMCA. **Yes / No**

**Consent:**

I give permission for sunscreen to be applied to my child: **Yes / No**

I agree to my child being transported by YMCA when program activities require it: **Yes / No**

I agree that my child can swim in pools under the supervision of YMCA staff: **Yes / No** Swimming Ability (circle one): **Beginner Intermediate Strong**

**Behavior Management:**

Is there anything we need to know regarding your child's behavior? Including diagnosed or undiagnosed medical conditions? **Yes / No**

If yes, please provide details: \_\_\_\_\_

Is your child registered with any agencies? If so, please name them: (This information is only used if there are concerns about health and safety of children in our care. Please see our privacy statement)

The more information you provide to us, the more enjoyable your child's time at the YMCA will be. If you have any queries or concerns, we do ask we are made aware of these before the beginning of the program at the time of enrolment.  
Please feel free to call the office on (03) 5456760 or 027 237 9078 to discuss.

<b>Program Selection:</b> please indicate which program you are enrolling for and van collection if required.				<b>Start date:</b> _____	
				<b>End date:</b> _____	
<b>After School Care</b>	<b>Van collection</b>		<b>Holiday Program</b>		
Nayland	Wakefield School		Nayland		
Tahunanui	Hampden Street		Victory		
Brightwater	Victory School				
Victory	Clifton Terrace				

Frequency (ASC only): Weekly  Fortnightly  Casual

**After School Care Fees:**  
 3:00pm – 5:00pm: \$10.50, 3:00pm – 6:00pm: \$14  
 3:00pm – 6:00pm

**Please see program schedule for Holiday Program fees**

<b>Please tick attending days and indicate hours on the below table:</b>					
	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
Week 1:					
Hours attending:					
Week 2:					
Hours attending:					

**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.) To advise the Coordinator or Supervisor when my child will be absent from the program before commencement of the days program. An additional fee may be charged if we are not advised of the child's absence.
- 3.) OSCAR has a 24-hour cancellation policy, and cancellation after this time will be charged at the full fee.
- 4.) Invoicing is issued weekly; payment is required to be paid in full 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 permission for my child 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, Y-and or walking.
- 6.) I hereby authorize YMCA Nelson staff to seek emergency medical treatment from 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 1993:**  
 The information you have supplied is necessary for the safe and effective operation of the YMCA programmes. All personal information requested will be destroyed at the completion of your child's time at the programme. You are welcome to review 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 \_\_\_\_\_