



Enrolment Form Chipmunks holiday program

Welcome to Dunedin Chipmunks School Holiday Program TERM 1 APRIL 2012

Children's Details:

Name(s): 1. Date of birth: Age:
2. Date of birth: Age:
3. Date of birth: Age:

Family Details: (State if caregiver)

Mother: Father:
Address: Address:
Phone: Day: Phone: Day:
A/hours: A/hours:
Mobile: Mobile:
Email address:.....

Emergency Contacts: (people not listed above!)

Name: Relationship to child:
Phone: Day: A/Hours: Mobile:
Name: Relationship to child:
Phone: Day: A/Hours: Mobile:

People authorised to collect your child:

Name: Phone:
Name: Phone:
Name: Phone:

Any additional information we should be aware of: (e.g.: who may not collect your child.)

.....

Health needs of your child:

Does your child have any particular health needs we should be aware of? Yes / No

If yes, please supply details:

.....

Name of your family doctor: Phone:

Is there anything else we should know about that would help us take good care of your child?

.....

Enrolment Details:

Please complete the day(s) on which you would like to enroll your child:

TERM 1 2012 APRIL

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9 EASTER MONDAY	10	11	12	13
14	15	16	17	18

Fees: \$35.00 for up to 4 hours \$45 for 4 hours plus. \$5 for Activity fee days. Enrolled days are paid for (sick, last minute cancellations etc)

ENROLLMENT ON THE DAY \$50.00

Fees to be paid in full prior to commencement of holiday program (any third party cost recovery at the family's expense)

1. Excursion Authority:

I hereby authorise the above-named child/children to attend excursions off the premises whilst in the care of Chipmunks' School holiday Program. I understand that while all care will be taken to ensure the safety and well being of the child/ren, 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 these excursions).

2. I / We agree and acknowledge:

Chipmunks management has my permission to arrange necessary urgent medical treatment at my cost. All care will be taken to provide supervision of children attending the programme in accordance with the programme policy and procedures. I acknowledge however, in signing this contract, 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).

3. I/We agree and acknowledge:

Chipmunks may photo graph /video and use the photos for promotional purposes

4. I/We agree and acknowledge:

That Chipmunks will normally utilize one fully licensed and competent adult member of staff to drive the Chipmunk's pick up vehicle (s), which may include staff's private vehicles.

5. I/We agree and acknowledge:

Parents will be required to pay for any damages to equipment and facilities caused by your child/ren

I have read the above information, including items 1 to 5, and I agree to the terms of this agreement.

I have read the parent information sheet attached

Signed:

Name:

Relationship to child/ren:

Date: