

Enrolment Form (Holiday Programme)

OSCAR at CHIPMUNKS

Holiday Programme Enrolment Form

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: Address:

Father: Address:

Phone: Day:

A/hours:

Mobile:

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; and a copy of an asthma management plan:

.....

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 circle the days and tick the time you would like to enroll your child/ren. PLEASE SEE THE PROGRAMME FOR THE TIME THAT WE RETURN TO CHIPMUNKS EACH DAY!

	Monday DATE:	Tuesday DATE:	Wednesday DATE:	Thursday DATE:	Friday DATE:
8.0 - 9.00					
9.00 - 3.00					
3.00 - 6.00					
Please state					

	Monday DATE:	Tuesday DATE:	Wednesday DATE:	Thursday DATE:	Friday DATE:
8.00 - 9.00					
9.00 - 3.00					
3.00 - 6.00					
Please state					

Payment agreement:

Payment for each week will be made in full at the beginning of that week. We may at our discretion charge interest on any overdue amount at the rate of 2% per month, compounding monthly. You will be liable to us for all costs we incur as a result of your failure to pay on time, including any debt collection or legal costs (on a solicitor - client basis). Should you want to make any other payment arrangements please contact Sandie Rota. Thank you.

Privacy Act 1993: The information that you have supplied is necessary for the safe and effective operation of the Holiday Programme. 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.

Parents - please sign this contract to complete enrolment.

If you have any questions about the programme or wish to see a copy of our Chipmunks OSCAR Manual, please ask one of our team members.

Excursion Authority:

I hereby authorise the above-named child/ren to attend excursions off the premises whilst in the care of Chipmunks' Holiday Programme. 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).

Signed: Name:

Relationship to Child: Date:

Oscar Subsidy

Oscar subsidy helps pay for care during the School Holiday Programme. For each child you could possibly get up to 50 hours a week subsidy.

I / We agree and acknowledge:

I have read the above information. Chipmunks Management has my permission to arrange any 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).

Signed:

Name:

Relationship to Child:

Date:

**NOTE: Please fill in all information requested.
At least *two* contact telephone numbers are required.**