

# KOHI KIDS HOLIDAY PROGRAMME ENROLMENT FORM

## PRE-XMAS & POST XMAS

### 2020 DECEMBER CHRISTMAS - 2021 JANUARY SUMMER HOLIDAY PROGRAMME

Commencement Date: .....

Child's Name:..... D.O.B: ..... / ..... / .....  Male  Female

Parent's/Guardian's Name:.....

Address:.....

Phone - daytime:..... - evening:.....

School attended:..... - Email:.....

Please circle days required **2020 Wk 1:Dec 16<sup>th</sup>** W, Th, F **2020 Wk 2:Dec 21<sup>st</sup>** M, T, W

**2021 Wk 1: Jan 11<sup>th</sup>** M, T, W, Th, F **2021 Wk 2: Jan 18<sup>th</sup>** M, T, W, Th, F **2021 Wk : Jan 25<sup>th</sup>** M, T, W, Th, F

Other Emergency Contact 1 - Name:.....

Address:..... Mobile:.....

Phone – daytime:..... - evening:.....

Other Emergency Contact 1 - Name:.....

Address:..... Mobile:.....

Phone – daytime:..... - evening:.....

Other Authorised Adults to Pickup Children				
Name:	Phone Numbers:			Relationship to Child
	Home:	Work:	Mobile	

Family Doctor:..... Phone:.....

Health Record - *please specify allergies and ailments (eg asthma, bee stings, food, penicillin, epilepsy), medical conditions, and assistance required.*

.....  
Medication (to be provided by parent/guardian):.....

Description:..... Dosage:.....

Is this to be administered by the After School Programme Staff?  Yes  No

Is there any other information the Programme should be aware of?.....

.....

- 1 - I acknowledge that Kohikids Staff will run the Afterschool & Holiday Programme.
- 2 - I agree to these Staff seeking medical aid for my child/ren enrolled on this Programme, if such aid is considered necessary by these staff. I shall meet any cost incurred in obtaining such aid.
- 3 - I agree to all Staff administering the medication as prescribed in the enrolment form above, and will train staff if necessary.
- 4 - I agree not to enrol any child/ren on the Programme who is sick, and understand that a sick child will not be able to attend.
- 5 - I agree to inform the Staff of any known medical condition which is infectious or contagious, to assure that appropriate precautionary action can be taken.
- 6 - I agree to provide adequate health protection equipment/aids for my child, eg. sunblock, insect repellent, etc.
- 7 - I understand that the Programme Staff will exercise all reasonable care in respect of my child/ren during the Programme for which they are enrolled but not withstanding I agree that the ASB Stadium will not be in any manner liable for any injury or accident suffered by my child/ren or for any damage to or loss of their possessions incurred during such Programme.
- 8 - I understand that extra charges may be incurred if my child/ren is not collected as agreed.
- 9 - Privacy: Kohikids Aftercare will comply with the requirements of the Privacy Act 1992. All records & information about everyone associated within our Programme are kept safely on our APT software & Hardcopies filed and ONLY accessed by or disclosed to those people or Authorities in the following Government Organisations: Oranga Tamariki, Ministry of Social Development, Ministry of Health & Inland Revenue
- 10 -
- 11 - There are **NO REFUNDS** or **EXCHANGED DATES**
- 12 - In the case of an emergency, parents will be contacted immediately and the child taken to the nearest Accident & Emergency Clinic for treatment.
- 13 - **Vehicle Transport:** Children will be transported in a vehicle during aftercare pickups, excursions during the Holidays and in an event of any accident or medical Emergency.

Parent's/Guardian's Signature:..... Date:.....

Information on this form is for the purposes of contacting the Parent/Guardian/Doctor in case of emergency, and for the administration of the Programme.