

# KOHIKIDS OCTOBER SPRING HOLIDAY PROGRAMME ENROLMENT FORM

## 2021 SPRING HOLIDAYS

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 **2021 Wk 1: Oct 4<sup>th</sup>** M, T, W, Th, F **2021 Wk 2: Oct 11<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? .....

.....

A Reminder, We will still be following a few safety procedures still, during the Holidays:

1. Washing of hands
2. Sanitising on entry & exiting
3. **Ensure your child BRINGS their Drink bottle Daily!** Please ensure it is clearly named
4. Parents to Drop-off & Pick-up their child from the front door ONLY!- Please ring or text the following number upon arrival: **Mb 027-2291399**

- 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.