

# OurKidz NZ Ltd

## Holiday Programme Enrolment Form

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### **Child/children Details:**

Name(s): \_\_\_\_\_ D.O.B: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

School child/children attend: \_\_\_\_\_

Enrolment Details (please tick)

Half day      **and/or**       Full Holiday Programme

Please tick the days you would like to enroll for the programme.

Monday  Tuesday  Wednesday  Thursday  Friday

Commencement Date: \_\_\_\_\_

***Please note:*** Normal charges apply to daily booked days. 50% charges for family vacations may apply should two week notice be provided prior to vacation date.

The programme's hours and fees are:

- 8am to 3pm Half Day; first child \$34.30; siblings \$33.30 per session or
- 8am to 6pm Full Day Holiday; first child \$49.00; siblings \$47.50 per session
- A holding fee of \$15, per child, to accompany the application.

### **Bank Account Details:**

Westpac Account Name: OurKidz NZ Ltd  
Acct #: 03-1585-0133435-000  
Account Branch: Hilton Street, Kaiapoi

Person(s) authorized to collect your child/children:

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**Parent/Guardian Details:**

Parent Name (1): \_\_\_\_\_ D.O.B \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone Day: \_\_\_\_\_ After Hours \_\_\_\_\_ Mobile: \_\_\_\_\_

Parent Name (2): \_\_\_\_\_ D.O.B \_\_\_\_\_

Home Address (if different): \_\_\_\_\_

Telephone (day): \_\_\_\_\_ Afterhours: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email (if online accounts preferred): \_\_\_\_\_

**Emergency Contacts (not parents please):**

1. Name: \_\_\_\_\_ Relationships to child: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone(s) \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationships to child: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone(s): \_\_\_\_\_

**Doctor Details:**

Child/children Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**Additional Information:**

Does your child/children have any particular health requirements we should be aware of? (e.g.; allergies, diet requirements, asthma, medical conditions, special needs requirements etc.)

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

Is there anything else we should know about in order to take good care of your child/children (e.g.; custody arrangements, special needs, behavioral issues etc.)

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

Please inform of any cultural requirements or aspects we are to be aware of.

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

Alternative mode of transport if not transported by parents:

\_\_\_\_\_

**Parent Contract:**

- Please sign this contract to complete the enrolment. Should you require any further information with regards to the programme or wish to see a copy of the programme policies prior to signing, please don't hesitate to ask for one for your review. I / We agree and acknowledge:
  - I have read and understand the enrolment information;
  - I am aware that the service Policy & Procedures are on site for viewing at any time;
  - The coordinator/supervisor has my permission to arrange any necessary urgent medical treatment at my cost;
  - I will notify the coordinator/supervisor of any changes to enrolment information in a timely manner;
  - I understand and agree that **a two week notice period** is in place for 50% family holiday charges, any changes and/or withdrawal from bookings;
  - I agree and understand that statutory holidays are payable should this fall on a day that my child would normally attend;
  - I consent to my child being photographed and video recorded for programme displays;
  - I agree to pay the fees as required in the policy and understand that if defaulted, this will incur additional legal costs payable by me;
  - I agree to the holding fee being paid prior to the child or children's placement, and an Automatic Payment to be arranged with my banking institution for the weekly fee of OSCAR care;
  - I have received, read and agree to the Parent Information brochure document, attached to the enrolment;
  - **NB: I consent to transportation requirements for my child/children, which may be undertaken by OSCAR Staff and/or the Bus services made available while attending the OSCAR programmes.**

All care will be taken to provide supervision of children attending the programme in accordance with the programme policies, procedures and staff to child ratios at all times.

Name of Parent: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Holding Fee to be included: \$15.00 (per child)

Receipt Number: \_\_\_\_\_ Bag Number: \_\_\_\_\_

**Privacy Act 1993:**

The information provided is necessary for the safe and effective operation of the OurKidz NZ. All personal information requested will be solely for the purpose of this programme, however it may be shared with your respective school principal where necessary to ensure the appropriate care is taken for the safety and wellbeing of your child. All information will be destroyed on termination of your child/children's OSCAR placement. You are most welcome to review your enrolment information at any time.