



WHANGAREI CHILLOUT HOLIDAY PROGRAMME ENROLMENT FORM

Child's Name DOB

Child's Name DOB

Child's Name DOB

Parent/Caregiver

Address.....

Email Address.....

Contact Phone Numbers.....

Emergency Contact Details:

Name:Contact Number:

Address:.....Relation to child:.....

Are there any special considerations required or to be advised? (ie. Medical or Behavioural)

Please Specify:

.....

Family Doctor:

If medication is required to be taken while attending programme, please fill out a medical consent form available from reception

I give permission for my child/ren to participate in swimming activities:

Yes No

I give permission for my child/ren to be transported to and from the centre:

Yes No

Method of Payment Full Payment

Applying for WINZ Subsidy

I/we give permission for my/our child(ren) (named above) to participate in the Aqua Splash programme. Should emergency care be needed for my child I/we give permission for the supervisor to seek medical treatment at my/our cost. While all care is taken by the Staff and Management, I/we acknowledge however, in signing this form, that neither staff nor management of the programme will be liable for any loss or damage arising out of attendance at the programme. I/we acknowledge that all payments not received by the due dates may be referred to a debt collection agency and I/we will be liable for all associated fees and any other costs associated with this debt collection. I/we have read and understood the Chillout Programme policies and procedures including behaviour management, and agree to abide by them.

Name..... Phone.....

Signed..... Date.....

Office Use Only

- WINZ SWN Number: _____
- Copy of Holiday Programme Care Subsidy Application attached
- WINZ approval letter attached
- Copy of Child Care Subsidy Payment Statement attached