

OSCAR
AND C.Y.F.
APPROVED



Kelly Sports
EAST COAST BAYS
TAKAPUNA DEVONPORT

WINZ
SUBSIDIES
AVAILABLE

OCTOBER 2011 HOLIDAY PROGRAMME ENROLMENT FORM

(Please tick one) **Mairangi Bay School** **Belmont Intermediate School**

Child Information:

(1) Child's Name: _____ School: _____

Gender: (please circle) Male / Female Year: _____ D.O.B. _____

Medical Information: _____

Medication details: (if applicable) _____

Custody details: (if appropriate) _____

Ethnicity details: (if appropriate) _____

(2) Child's Name: _____

Gender: (please circle) Male / Female Year: _____ D.O.B. _____

Medical Information: _____

Medication details: (if applicable) _____

Custody details: (if appropriate) _____

Ethnicity details: (if appropriate) _____

Child/rens home address: _____

Child/rens home phone number: _____

What days will your child/ren attend the Holiday Programme? (Please ✓)

	Monday 10	Tuesday 11	Wednesday 12	Thursday 13	Friday 14
Morning	\$25	\$25	\$35	\$25	\$25
Afternoon	\$25	\$25	\$35	\$25	\$25
Full Day	\$40	\$40	\$50	\$40	\$40
	Monday 17	Tuesday 18	Wednesday 19	Thursday 20	Friday 21
Morning	\$25	\$25	NO HALF DAY	\$25	\$25
Afternoon	\$25	\$25	ONLY FULL DAY	\$25	\$25
Full Day	\$40	\$40	\$55	\$40	\$40

10% DISCOUNT IF YOU ENROL 2 OR MORE SIBLINGS

FULL WEEK \$175, 2 WEEKS \$350 (includes extra charges)

EXTRA CHARGES: \$10 ON WEDNESDAY 12 & \$15 ON WEDNESDAY 19

TOTAL COST: \$ _____

PAYMENT:

To enrol, please fill out the enrolment form & send with a cheque or pay by internet banking:

Kelly Sports, East Coast Bays, PO BOX 301041, Albany 0752

Internet Banking: 01-0194-0334251-00 (please include your child's first & last name as a reference)
Enrolment forms will not be processed without payment. Do **not** leave enrolment forms at the school office.

Please tick the box if you do NOT want us to take pictures of your child that may be posted on our Facebook page, Localist page or website.

Caregiver Information:

FIRST Contact Person: _____

Relationship to Child/ren: _____

Contact Number 1: _____ Contact Number 2: _____

Email Address: _____

SECOND contact Person: _____

Relationship to Child/ren: _____

Contact Number 1: _____ Contact Number 2: _____

Emergency Contact Information:

Emergency Contacts will only be used in the case of an emergency where contact with the first and second contact persons has been unsuccessful.

Emergency Contact 1: _____

Relationship to Child/ren: _____

Contact Number: _____

Emergency Contact 2: _____

Relationship to Child/ren: _____

Contact Number: _____

Alternative Pick-up Persons Information:

Alternative Persons authorised to collect child/ren excluding FIRST and SECOND Contact Persons. PLEASE NOTE: If you wish for your child to be collected by someone not listed please inform us prior to pickup.

Alternative Person 1: _____

Relationship to Child/ren: _____

Alternative Person 2: _____

Relationship to Child/ren: _____

I have been given the opportunity to access and read the Kelly Sports - East Coast Bays Policies and Procedures and Programme Brochure and I accept all conditions stated in these documents.

Caregivers Name: _____

Caregivers Signature: _____

Date: _____

Kelly



Sports