

Chipmunks Playland and Café New Zealand School Holiday Program Enrolment Form



Welcome to our holiday program! Please ensure you complete the following form.

Children's details

1. Name.....
2. Date of birth...../...../..... Age.....
3. Name.....
4. Date of birth...../...../..... Age.....
5. Name.....
6. Date of birth...../...../..... Age.....

Family details (state if caregiver)

Mother's name.....
Date of birth...../...../.....
Address.....
.....
.....
Post code.....
Phone - Day.....
A/hours.....
Mobile.....
Email

Father's name.....
Date of birth...../...../.....
Address.....
.....
.....
Post code.....
Phone - Day.....
A/hours.....
Mobile.....
Email

Emergency contacts (Not listed above)

Name.....
Relationship to child.....
Phone - Day.....
A/hours.....
Work.....
Name.....
Relationship to child.....
Phone - Day.....
A/hours.....

Work.....

People authorised to collect your child (other than those already listed)

Name.....

Phone.....

Name.....

Phone.....

Any additional information we should be aware of (e.g. who may not collect your child)

.....
.....
.....

Health needs of your child

Does your child have any particular health needs we should be aware of?

Yes / No

If yes, please specify

.....
.....
.....

Name of family doctor.....

Phone.....

Is there anything further we should know about that would help us take care of your child?

.....
.....
.....

Enrolment details

Enter the date/ on which you would like to enrol your child

	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1					
Week 2					

Fees are to be paid in full prior to commencement of holiday program.

Are you applying for a WINZ subsidy? Yes / No

Office use - WINZ Forms completed? Yes / No

Payment

We require full payment no later than 3 days before the programme starts. Payments can be made in store or by direct credit. If you pay by direct credit please ensure you include your child's name in the reference.

Declaration

- I hereby authorise the above named child/children to attend excursions off the premises whilst in the care of Chipmunks' School Holiday Program. I understand that while all care will be taken to ensure the safety and well-being of the child/ren, that neither the staff nor management of the program will be liable for any loss or damage (by way of accident, injury, theft or otherwise arising out of attendance at these excursions).
- I agree and acknowledge management has my permission to arrange necessary urgent medical treatment at my cost. All care will be taken to provide supervision of children attending the program in accordance with the program policy and procedures. I acknowledge however, in signing this contract, that neither the staff nor management of the program will be liable for any loss or damage (by way of accident, injury, theft or otherwise arising out of attendance at the program).
- I agree and acknowledge Chipmunks may take photographs and video of my child for promotional purposes only.
- I agree and acknowledge that any account not settled at the completion of the holiday program, I am responsible for any costs incurred. Booked days are still payable should the child/ren not attend

I acknowledge and understand the Chipmunks Playland and Café School Holiday Program terms and conditions listed above, and our playground rules.

Signed.....

Name.....

Relationship to child/ren.....

Date...../...../.....

Where did you hear about us? Website Facebook Newspaper Kids Spot
(please circle) Word of mouth Other