

OSCAR SCHOOL HOLIDAY PROGRAMME

Standard Program Hours: 9am – 3:30pm

Standard Fee: \$4.50 per hour

Please answer all questions

Subsidy?	Yes	No	Date			
Notes:						
Details			D.O.B	Age	Wk 1	Wk 2
Child	1					
	2					
	3					
	4					

Parent/Caregiver Details			
	Name	Address	Contact Numbers
Mother		Home: Email:	Hm: Work: Mobile:
Father		Home: <small>(If different From above)</small> Email:	Hm: Work: Mobile:
Authorised to pick up	1. 2. 3.		Phone: Phone: Phone:
Two Emergency Contacts	1. 2.		Phone: Phone:

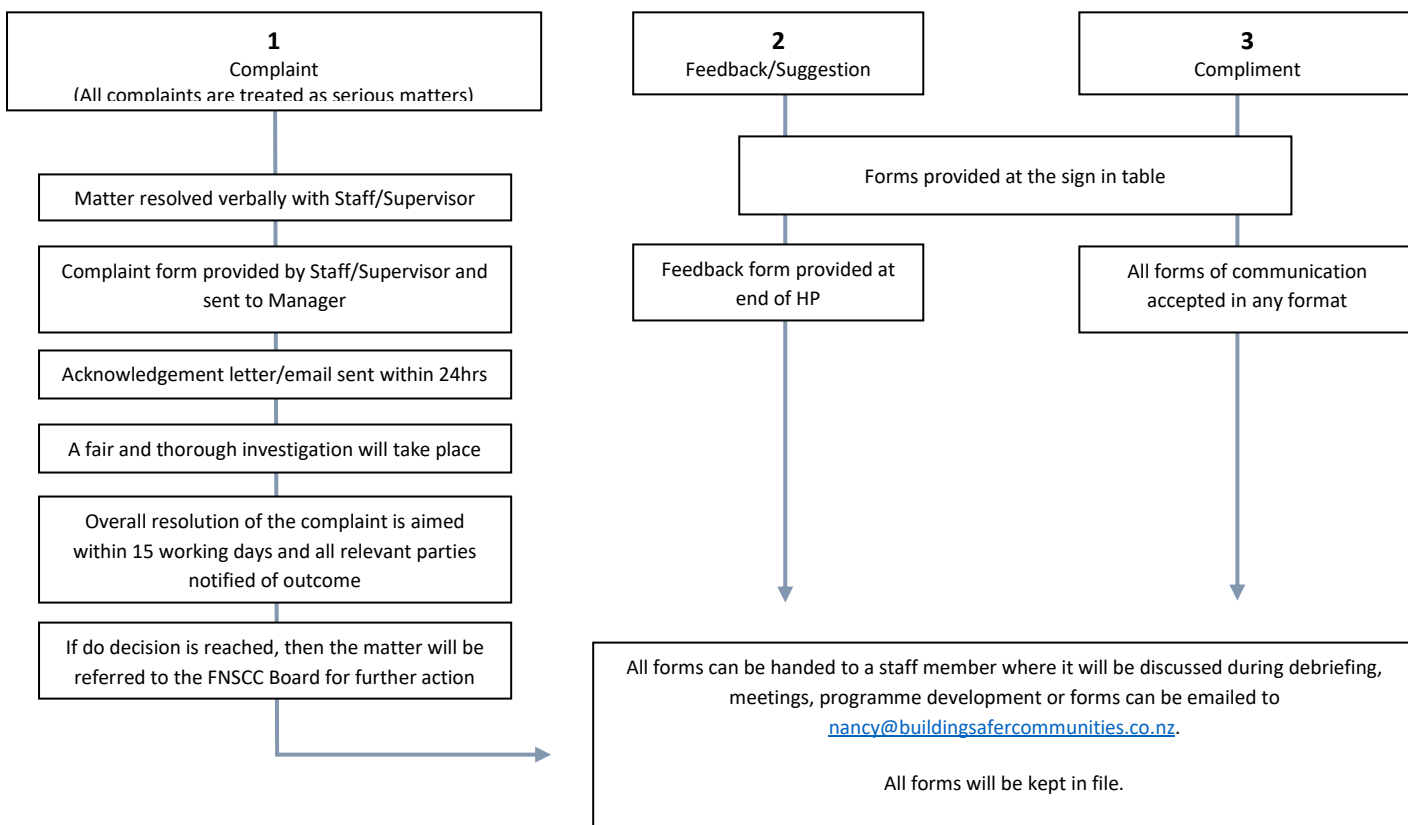
Health/Support Information		
Doctors	Name	Contact details
Are there any custody issues? <small>(Please provide evidence, if required)</small>		
Does your child have any medication that staff will have to administer while they are at the programme? Please describe.		
Does your child have any special needs we should be aware of? (Food, behaviour...)		

Declarations (PLEASE READ CAREFULLY)	Yes	No
I authorize FNSCC staff to arrange any necessary urgent medical treatment at my cost, if I or my emergency contacts cannot be located.		
I understand that there are no refunds for any days my child is not present at the programme.		
My child has my permission to walk home and FNSCC staff may sign them out when required.		
I give permission for my child to go on trips away from the site.		
I give permission for my child to have photos taken and used by FNSCC for promotional purposes.		

AUTHORISATION		
By signing this form you are accepting the terms and conditions of paying program fees that may occur if any subsidies are not completed or approved by the Ministry of Social Development.		
Full Name	Signature	Date
(include as reference if paying by bank)		

We collect this information in order to enrol your child onto the OSCAR Holiday Programme only. This information is required to ensure we have appropriate contact details, care information, and authorisation to provide care for your child. Besides our staff, we share this information with Ministry of Social Development as part of audit purposes. Providing some information is optional. If you choose not to enter enrolment details, we'll be unable to provide these services for your child. We keep your information safe by storing it in a locked cabinet and only allowing certain staff access. You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you'd like to ask for a copy of your information or to have it corrected, please contact us at nancy@buildingsafercommunities.co.nz, or 09 4083030, or PO BOX 540, 0410.

If you would like to make a complaint, compliment or give feedback, you can follow this procedure:



Please sign to acknowledge you understand the complaints and feedback procedures:

Name: _____ Sign: _____ Date: _____

IF PAYING FEES BY BANK USE THE FOLLOWING:

Bank Details:

Far North Safer Community Council Society Incorporated

ASB: 12-3096-0277365-00

Please reference:

Reference: (Your Last name & first initial)

Code: OSCAR-July18