



School Holiday Programme Enrolment form

(This form is also available online at www.aoteafamilysupport.co.nz – look for school holiday programme in the events list or in the menu, under 'Services we provide').

Our booking systems

Because there are more and more legal liabilities involved, we need a written and signed enrolment form, together with the complete booking. You can ...

1. Fill it in by hand and post it, or put in the letter box at the door of our office in the Old School Building, Tryphena.
2. Scan and email the booking form to us. (office@aoteafamilysupport.co.nz)
3. If you are running late, call 962 to book your child and leave a message with all the details: who, what and when and bring the enrolment form on the first day.
4. You can pay in cash on the day or pay all in one go online (see over).

Parent/Caregiver - Name:

Home ph:

Mobile:

Work:

Email:

Alternative emergency contact - Name:

Ph:

Mobile:

Relationship to child/ren:

Any other people who may pick up my child(ren):

Name:

Name:

Special instructions (health, drop off, other):

⇒ Tick here [] if you do not want your child photographed or recorded on video. Photos or videos may be used in reports, on Facebook or on our website.

Volunteers needed!

We really need your help, to ensure the adult supervision that is required. Please join us for at least one session over the holidays so at least one extra pair of eyes can always be counted on.

Yes, you can count on me for (date/s) _____.

I will drive myself / I will need transport / I can drive a van (please mark).

I have a first aid certification no more than two years old. Y / N

Child(ren)'s details & selected activities

(use additional sheets if required)

Name:

Age:

DoB: / /

Sex (circle): M / F

School attended:

Child's home address:

Child's holiday address (if diff):

Additional information¹:

Week 1	Week 2
Mon	Mon
Tue	Tue
Wed	Wed
Thu	Thu
Fri	Fri

(tick)

Name:

Age:

DoB: / /

Sex (circle): M / F

School attended:

Child's home address:

Child's holiday address (if diff):

Additional information:

Week 1	Week 2
Mon	Mon
Tue	Tue
Wed	Wed
Thu	Thu
Fri	Fri

(tick)

Name:

Age:

DoB: / /

Sex (circle): M / F

School attended:

Child's home address:

Child's holiday address (if diff):

Additional information:

Week 1	Week 2
Mon	Mon
Tue	Tue
Wed	Wed
Thu	Thu
Fri	Fri

(tick)

Amount due: _____ (\$5 per activity; \$2 for each additional sibling)

Note: Sibling means living in the same household, and attending the same event.

You can pay by bank deposit to 12-3011-0476796-000 "Aotea Family Support"

Please don't forget to add as reference SHP+{your surname} e.g. "SHP+Smith".

Please email us when you do this, so we can note paid on the booking schedule before the day. Please pay in advance.

I understand that the Aotea Family Support Group will provide due care but will not be held liable for cancellations, program changes, damage or loss to personal belongings or for physical injury.

Name (of person completing form):

Date: / /

¹ Does your child have any particular health needs? Anything else we need to know?
Please ask for a medicine consent form if your child may need to be given medication.