



Whangamata Community Kids Club
School Holiday Programme

ENROLMENT FORM

Please complete one form per child

Child's Details

Child's name
Date of birth/Age
School
Home address

Parent/Caregiver Details

Name	Name
Home Ph	Home Ph
Mobile Ph	Mobile Ph
Relationship to child	Relationship to child

Emergency Contacts – Authorised to collect child

Name	Name
Home Ph	Home Ph
Mobile Ph	Mobile Ph
Relationship to child	Relationship to child

Custody Details

Are there any custody arrangements/court orders that we need to be aware of? If so, please state instructions and notify here any person who is legally not allowed access to this child. Please provide a copy of the order.

Medical Information

Family Doctor Contact details
Medical Conditions – Please include details of allergies/dietary restrictions/disabilities/behavioural issues
Details of Medication, treatment or intervention required
<i>Please note, if your child requires medication while at the programme it must be administered by a staff member. Please hand it to the Supervisor and complete a Medicine Consent Form</i>
Is there anything else you would like us to know to enable us to take good care of your child

Email address

*PRIVACY ACT 1993 – The information that you have supplied is necessary for the safe operation of the Holiday Programme, and will only be used for this purpose/
You are welcome to view information pertaining to your child at any time.*