

Child 1: D.O.B: M/F
FIRST NAME SURNAME

Child 2: D.O.B: M/F
FIRST NAME SURNAME

Child 3: D.O.B: M/F
FIRST NAME SURNAME

Parent/Caregiver name:

Relationship:

School: Home phone:

Mobile: Work phone:

Address:

Email:

Persons authorised to collect child:

Emergency contact 1:
ALTERNATIVE CONTACT TO PARENTS

Best phone:

Emergency contact 2:
ALTERNATIVE CONTACT TO PARENTS

Best phone:

Medical conditions and special requirements:

Does your child have any health or special requirements we should be aware of?

(medication, allergies, asthma, behaviour requirements, custody arrangements, can't swim, etc.)

☐ Yes ☐ No *If yes, please provide details:

Is your child currently on any medication?

(please specify what medication and any further instructions or requirements). A medical consent form must be completed if our staff are to administer any medication.

☐ Yes ☐ No *If yes, please provide details:

Can your child swim?

Child 1: ☐ Yes ☐ No Child 2: ☐ Yes ☐ No Child 3: ☐ Yes ☐ No

Please record how many children will be attending each activity in the boxes provided:

VENUE: ☐ Waipuna Park ☐ Arataki Community Centre ☐ Papamoa Sport & Rec Centre

WEEK 1					WEEK 2				
18 DEC MON (FULL DAY)	19 DEC TUES (FULL DAY)	20 DEC WEDS (FULL DAY)	21 DEC THURS (FULL DAY)	22 DEC FRI (FULL DAY)	8 JAN MON (FULL DAY)	9 JAN TUES (FULL DAY)	10 JAN WEDS (FULL DAY)	11 JAN THURS (FULL DAY)	12 JAN FRI (FULL DAY)

Rainbow End Trip
Limited Spaces

VENUE: ☐ Arataki Community Centre ☐ Mt Maunganui Sports Centre ☐ Queen Elizabeth Youth Centre
☐ Waipuna Park ☐ Papamoa Community Centre ☐ Papamoa Sport & Rec Centre

WEEK 3					WEEK 4				
15 JAN MON (FULL DAY)	16 JAN TUES (FULL DAY)	17 JAN WEDS (FULL DAY)	18 JAN THURS (FULL DAY)	19 JAN FRI (FULL DAY)	22 JAN MON (FULL DAY)	23 JAN TUES (FULL DAY)	24 JAN WEDS (FULL DAY)	25 JAN THURS (FULL DAY)	26 JAN FRI (FULL DAY)

PAYMENT OPTIONS:

☐ **CASH** total amount enclosed \$.....

☐ **EFTPOS** signed by staff member Date

☐ **CHEQUE** please make cheques payable to: Bay Venues Ltd.

☐ **INTERNET BANKING** payment can be made by internet banking to: Bay Venues Ltd, **12 3217 0142820 03**.

Please use YOUR CENTRE then your child's name as the reference. (Internet banking is not available within 24 hours of day/s child is attending).

☐ **WINZ** all WINZ applicants will need to complete the required forms and submit to WINZ before attending the programme.

Payment can be made at:

Arataki Community Centre,
Papamoa Sport & Rec Centre,
Papamoa Community Centre or
Queen Elizabeth Youth Centre.

PARENT/CAREGIVER CONTRACT:

- All care will be taken to provide quality supervision of your child attending the programme in accordance with the BayKids Holiday Programme Policies and Procedures. Parent/ Caregivers are welcome to sight this document on request.
- Your contact details may be viewed by the Ministry of Social Development for auditing purposes.
- I agree to inform BayKids staff of any medical condition or special requirements that my child may require assistance with while on the programme.
- The programme supervisor has my permission to arrange any necessary urgent medical treatment at my expense if required.
- All monies owed will be paid for prior to commencement of the programme. Enrolments can only be confirmed once full payment has been received.
- BayKids retains the right to amend/change any activity as required.
- If my child is unable to attend for whatever reason, in order to receive a refund on the fees paid, I am required to report my child's absence to the centre the day prior to the activity commencing. Please allow for 10 working days to process refunds; your bank account details will be required. A cancellation fee of \$10 per day per child will be charged to cover administration costs.

PARENT/CAREGIVER SIGNATURE

DATE

☐ Please tick if you **DO NOT** wish your child to be photographed for marketing purposes i.e Facebook and Bay Venues website.

Drop off - 8:00-9:00am | Pick up - 4:00-5:30pm
 Late fee of \$5 per 5 minutes will apply for late pick ups.

Please ensure children bring a drink bottle, sunhat, rain jacket, morning tea, lunch & afternoon tea with them daily.

ARATAKI COMMUNITY CENTRE
 Zambuk Way, Mt Maunganui | 577 8565

QUEEN ELIZABETH YOUTH CENTRE
 Cnr Devonport Rd & 11th Ave | 577 8564

PAPAMOA COMMUNITY CENTRE
 15 Gravatt Rd, Papamoa | 577 8566

MT MAUNGANUI SPORTS CENTRE
 Cnr Hull & Maunganui Rd, Mt Maunganui

WAIPUNA PARK
 25 Kaitemako Rd, Welcome Bay | 577 8580

PAPAMOA SPORT & REC CENTRE
 Parton Rd, Papamoa | 577 8556