

kilkenny kids

Kilkenny kids Holiday Programme Enrolment Form:

Children's details:

Name(s):

Age:

1.....
2.....
3.....

Enrolment Details:

Week 1:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Week 1: TRIPS

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Week 2:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Week 2: TRIPS

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

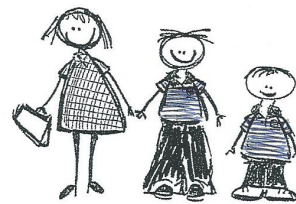
Total Payment.....

Date Paid.....

Payment can be made on the day by eftpos or cash or direct credited to
BNZ 02-0191-0348842-07 Kilkenny kids holiday programme use child's name as
reference.

Payment required prior to starting Holiday Programme and no refunds are available
if your child does not attend.

OSCAR approved and WINZ subsidies available



Main Caregiver 1:.....
Home Address:.....
Telephone: (work):.....(Home).....(mobile).....
Email:.....

Caregiver 2:.....
Home Address:.....
Telephone: (work):.....(Home).....(mobile).....
Email:.....

People authorized to collect your child(ren):

.....
.....

Emergency contact:

Name:.....Relationship to child:.....
Address:.....Contact number:.....

Doctor's details:

Child's doctor:.....Contact number:.....
Address:.....

Additional Information:

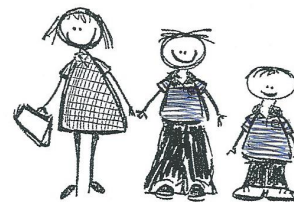
Does your child have any particular health needs we should be aware of?
(eg, allergies, food requirements, asthma, medical conditions etc.)

.....
.....

Is there anything else we should know about in order to take good care of your
child?

(eg, custody arrangements, special needs, behavioural issues etc.)

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.....



Parent Contract:

Please sign this contract to complete enrolment. If you have any questions about the programme or wish to see a copy of the programme policies prior to signing, please do not hesitate to ask a member of staff.

Please also advise if you do not want your child photographed. Photos will be used only for marketing purposes for Kilkenny Kids Ltd.

I/we agree and acknowledge:

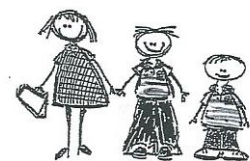
- I have read and understand the enrolment information
- The supervisor has my permission to arrange any necessary urgent medical treatment at my cost
- I will notify the supervisor of any changes to enrolment information straight away
- I agree to pay fees as stipulated in the fees policy failure to do so will result in debt collection and all charges associated included

All care will be taken to provide supervision of children attending the programme in accordance with programme policies and procedures.

Name of caregiver:.....

Signature:.....Date:.....

Privacy Act 1993: The information that you have supplied is necessary for the safe and effective operation of the OSCAR programme. All personal information requested will be destroyed at the completion of your child's time in the programme. You are welcome to review information pertaining to your child's enrolment at any time.



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Child Profile:

The child profile will help us structure a programme that your child(ren) will enjoy.

Child(ren)'s Name:.....

.....

Preferred name:.....

.....

Interests:.....

.....

.....

Dislikes:.....

.....

.....

Additional information: (Allergies, etc).....

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