

# KOHIA HOLIDAY PROGRAMME

Monday 9<sup>th</sup> July – Friday 20<sup>th</sup> July

Week 1 TIME	Mon 9	Tue 10	Wed 11	Thu 12	Fri 13
8.30am 3.00pm	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00
3.00- 5.45	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
TOTAL					

Week 2 TIME	Mon 16	Tue 17	Wed 18	Thu 19	Fri 20
8.30am 3.00pm	\$35.00	\$35.00	\$35.00	\$35.00	\$35.00
3.00- 5.45	\$15.00	\$15.00	\$15.00	\$15.00	\$15.00
TOTAL					

**Placement** in the Holiday Programme is not registered until a complete Enrolment Form, including payment is received. Payment can be made directly to the below bank account and show child's name as reference.

**Bank Account Number: 12 3061 0302743 00**

**Cancellation:** No refunds will be provided for cancellation within 48 hours of the activity. **Trips** are subject to weather conditions, and may change accordingly.

Kohia OSCAR reserves the right to exclude any child whose behaviour puts the safety of others in the programme at risk. This also includes behaviour that is so demanding on staff that it compromises the overall supervision of children.

At times photos of your child/ren completing activities maybe taken to display on the notice board/newsletter. Please note that this information may be viewed by the MSD.

Sign In / Out Sheets are located in the School hall and must be completed prior to dropping off or collecting your child.

# ENROLMENT FORM

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Allergies / Medical Problems & Treatment to be used:  
\_\_\_\_\_

Age of Child: \_\_\_\_\_ Cultural requirements \_\_\_\_\_

Any other relevant information \_\_\_\_\_

## PARENTS DETAILS

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work : \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work : \_\_\_\_\_

People authorized to collect my child from OSCAR are:  
\_\_\_\_\_

## Emergency contact (if unable to contact parents.)

Name \_\_\_\_\_ phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

I give permission for my child to leave the school grounds for planned trips.  
I give my consent for my child to attend the School Holiday Programme on the days as requested. I agree to inform the programme manager prior to my child attending if I feel they may need special attention (e.g tends to wander). I understand that all programme staff will exercise due care but will not be liable for any injury, damage or loss, which my child may sustain to person or property.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT TO BE INCLUDED WITH ENROLMENT FORM**

**FORMS TO BE RETURNED BY WEDNESDAY 4<sup>th</sup> JULY**