

KOHIA HOLIDAY PROGRAMME

Monday 1st October – Friday 12th October

Week 1 TIME	Mon 1	Tue 2	Wed 3	Thu 4	Fri 5
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 8	Tue 9	Wed 10	Thu 11	Fri 12
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 26th SEPTEMBER