

CHILD'S NAME: _____

D.O.B: _____ GENDER: M F (circle)

School Attending: _____

Home Address: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

Email: _____

Persons authorised to collect child/children: _____

Emergency Contact Phone/Name _____

Child's Doctor/Medical Centre: _____

Additional Information (e.g. custody, special needs, medical needs, allergies etc): _____

WINZ Please circle Yes/ No –ensure that WINZ has been processed before commencement of attendance to confirm booking. **DAYS ATTENDING:** (Tick days and times attending and cross out prices that do not apply)

Up to 6 hours **\$45**, Full Day 6-9hrs **\$50** - Extra charges for activities, buses, entry fees

Could you please also fill out below times of attendance.

Week One 4th – 8th October 2021

Monda y		Tuesda y		Wednesda y		Thursday		Friday	
\$50/\$45		\$50/\$45		\$60/\$55 Outing		\$50/\$45		\$50/\$45	
am	pm	am	pm	am	pm	am	pm	am	pm

Week 2: 11th- 15th October

Monda y		Tuesda y		Wednesda y		Thursday		Friday	
	\$50/\$45 Outing	\$50/\$45		\$50/\$45 Bring your own money for Subway		\$65/\$60 Outing		\$60/\$55 Boot Camp	
am	pm	am	pm	am	pm	am	pm	am	pm

TOTAL (to be paid at the time of booking): \$ _____

PARENT/CAREGIVER DECLARATION

- I understand and agree to pay all costs associated with my child's attendance at Rainbow Kidz and will pay this in advance of the start of the holiday programme.
- I understand that once my child is booked that full fees will apply and full payment will be required upon cancellation or absences.
- I will ensure that if I require a WINZ subsidy I will complete all forms required and ensure relevant documentation has been received by WINZ no later than two weeks before the holidays commence (and a copy for RK has been provided).
- I will ensure all medication is collected and recorded by a staff member and signed by a parent/caregiver.
- I understand that in the event of any sickness or accident if it is required that qualified medical attention will be obtained at the parents' expense.
- I understand that my child will be required to bring lunch, morning and afternoon tea and a water bottle. Activities may change unexpectedly, I will ensure my child has appropriate clothing for outdoor activities e.g. wet weather gear, jackets, warm or cool clothing. It is the parents' responsibility to ensure their child has sunscreen and sunhats.
- I understand that I may be contacted to collect my child/children at the co-ordinator's discretion.
- I understand that children must abide by Rainbow Kidz rules.
- I understand and acknowledge that staff are free and clear of all liability in the event that any injury, danger or loss is sustained by the child or their personal effects
- I understand that children are welcome to bring toys, games, electronics however it is their responsibility to care for their personal effects.
- I understand and acknowledge that parents/caregivers are liable for any costs incurred from any wilful damage their child makes to any and all property.
- I understand that if I am late I will incur a \$20 penalty for the first 5 minutes and a further \$10 for every 5 minutes after.
- I have read and agree to the Rainbow Kidz Start Programme's terms and conditions. I agree to the parent declaration.
- I give permission for my child/children to travel on public transport, buses, to walk and to go on prearranged outings.
- I give permission for my child/children to be included in photos uploaded onto Rainbow Kidz Facebook and Instagram.
- I acknowledge that the information contained herein is confidential and pursuant to the Privacy Act/however representatives of MSD may view this information for programme assessment purposes.

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The information that you have supplied is necessary for the safe and effective operation of the Oscar Programme. All personal information will be archived for 3 years after your child has left the programme and destroyed after that. You are welcome to review information pertaining to your child's enrolment at any time.

Parents/caregiver name: _____

Signed (parent/caregiver): _____ Date: _____