

## BREAK AWAY HOLIDAY PROGRAMME ENROLMENT FORM

If your children are related, you may use this form for all their shared details

<b>CHILD/ RENS NAME/S:</b>	1.		
	2.		
	3.		
DOB:	1.	AGE:	
DOB:	2.	AGE:	
DOB:	3.	AGE:	
<b>ADDRESS:</b>			

### MOTHERS / GUARDIAN DETAILS:

<b>NAME:</b>			
<b>ADDRESS: (if different to above)</b>			
<b>CONTACT NUMBERS:</b>	(day)	(after hours)	(mobile)
<b>EMAIL ADDRESS:</b>			

### FATHERS / GUARDIAN DETAILS:

<b>NAME:</b>			
<b>ADDRESS: (if different to above)</b>			
<b>CONTACT NUMBERS:</b>	(day)	(after hours)	(mobile)
<b>EMAIL ADDRESS:</b>			

### EMERGENCY CONTACTS: (not parent or caregiver)

<b>NAME:</b>		<b>RELATIONSHIP TO CHILD:</b>	
<b>CONTACT NUMBERS BETWEEN 7.00 – 6.00 PM:</b>			
<b>NAME:</b>		<b>RELATIONSHIP TO CHILD:</b>	
<b>CONTACT NUMBERS BETWEEN 7.00 – 6.00 PM:</b>			

### PEOPLE AUTHORISED TO COLLECT YOUR CHILD:

1.	2.	3.	4.
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### ADDITIONAL REQUIRED INFORMATION:

<b>SWIMMING ABILITY:</b>	<input type="checkbox"/> Can't Swim <input type="checkbox"/> Water Confident <input type="checkbox"/> 25 metres <input type="checkbox"/> 100 metres
<b>HEALTH NEEDS:</b> Eg. allergies, asthma, medical conditions (if medication is to be administered by staff please complete a MEDICATION CONSENT FORM for specific care – please complete a SPECIAL ASSESSMENT FORM)	
<b>PERSONAL INFORMATION WE SHOULD KNOW:</b> Including custody/family arrangements, special needs, currently under a CYFS programme, behavioural aspects, etc. The Coordinator will be in touch to discuss and record the details. This helps us provide the best care possible for your child and will not affect your enrolment. A behavioural action plan or personal assistant may be required to ensure this best care service.	(if your child has special needs or disabilities you must fill out a special needs assessment form)
I give consent for multimedia of my child to be used for Youthtown promotional purposes only, including social media sites (please tick one)	<input type="checkbox"/> Yes <input type="checkbox"/> No

## **PROGRAMME INFORMATION AND PARENTS RESPONSIBILITIES**

1.  The **BREAK AWAY** approved programme for 11 to 13 operates from 8.30am – 4.00pm. The approved programme for 14 to 17 years operates from 10.30am – 4pm
2.  The Programme runs daily from Monday to Thursday for the younger age group, and Tuesday to Friday for the older age group. The programme does not operate on public holidays
3.  Parents are required to inform Youthtown (prior to 8am) when their child/ren will be absent Phone 5272461, or email panmure@youthtown.org.nz
4.  Parents are required to sign an Parent Authority permission slip to give permission for their child to walk from the drop off point only if this requested from the parent. All other children must be collected from the drop off point by the parent or authorized person listed on the enrolment form.
5.  Transport provided is by way of Youthtown Vans/Buses. Drivers are licensed and trained.
6.  We welcome all feedback from parents and the complaints procedure is displayed and available at reception.
7.  This programme has a detailed child protection policy, which includes the reporting of any suspected child abuse to the department of Child, Youth and Family Services.

*Our policy and procedures manual is available from reception for you to view at any time.*

## **TERMS AND CONDITIONS**

### **Enrolment**

8.  **Enrolment is to be made in person prior to attendance and is confirmed on signature of Terms and Conditions. Details must be checked and signed prior to the start of each subsequent holiday**
9.  For the safety of your child you must ensure all details are complete and accurate (a minimum of 3 different contact details are required)

### **Payment Conditions – BREAK AWAY FUNDING**

10.  The cost is **FREE** for in house activities thanks to the Break Away Funding.
11.  **BREAK AWAY FUNDING** Please present evidence of address in the form of either rates bill, power, phone or bank statement to confirm acceptance on to the programme.
12.  The programme is substantially subsidized by Youthtown, as a result no **transfers are available**.

### **Health and Safety**

13.  Access arrangements/custody details for your child must be detailed on the enrolment form. Please meet with the coordinator as required
14.  In the event of an accident or illness, Youthtown will immediately attempt to contact the parent/ guardian and will take all appropriate steps to ensure the individual's well-being, but will not be liable for any costs (e.g. Doctors fees etc).

15.  An accident/ incident register operates on the programme. If your child is involved in an accident/incident your child's name will be highlighted on the sign out sheet – please see reception for your copy and follow up with staff.

16.  Children with disabilities or special needs will be included in the programme provided we can meet their needs. A completed special needs assessment form is required and a trial period maybe initiated

17.  Any medical conditions e.g. allergies must be indicated on the enrolment form. Medicine will not be administered without a Medical Consent Form.

### **Exclusion**

18.  Please note that Safety is Youthtown's paramount concern. If a child's negative behaviour is impacting the safety of the programme Youthtown will enforce the Exclusion Policy.

19.  A breach of terms and conditions will result in your child/ren being excluded from the programme until the matter has been resolved.

### **Privacy Act 1993**

20.  Information collected will be used for the purpose of establishing and maintaining records held by Youthtown Inc. Children's files will be available for perusal by caregivers with authorised access.

### **Disclaimer**

21.  While Youthtown, its employed and volunteer staff will take every care to provide proper supervision of all children Youthtown nor the employed or volunteer staff shall have any personal liability in respect of any act of omission arising from any session or activity of this service.

22.  This is a binding agreement between the service provider (Youthtown) and the customer (Signatory).

23.  By signing this document you have read and understood the Responsibilities and Terms and Conditions detailed.

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

Signed \_\_\_\_\_ (Parent/Guardian) Date:   /

Full Name \_\_\_\_\_

### **Office use:**

- Enrolment is complete (minimum 3 different contacts)
- Copy of Terms and condition supplied to parent/guardian
- Enrolment signed, dated, full name printed
- All tick boxes complete (by parent/guardian or/and with staff)
- Additional forms completed (i.e. medical, permission slip etc)

Signed \_\_\_\_\_ (Reception) Date:   /

Full Name \_\_\_\_\_

RE#

**Break-Away**  
School Holiday Programmes

 **family & community services**  
ratonga ā-whānau, ā-hapori  
A service of the Ministry of Social Development

**14-17yrs**

Fax: 5272461 ext 8

Child/Children's Names:

Emergency Contact Name:

Contact Numbers:

If you require confirmation please supply email address:

***The following information is collected for statistical reasons***

Ethnicity: \_\_\_\_\_ Male  / Female

- Been here before   
  Friend/Family member   
  Brochure/Poster from work   
  Brochure/Poster from an event   
  Website   
  Email   
  TXT  
 Heard it on the radio \_\_\_\_\_  
(if so, which station?)   
 Newspaper \_\_\_\_\_  
(if so, which paper?)   
 Brochure from school \_\_\_\_\_  
(if so, which school?)

Tuesday 20 <sup>th</sup> Dec	Wednesday 21 <sup>st</sup> Dec	Thursday 22 <sup>nd</sup> Dec	Friday 23 <sup>rd</sup> Dec
<input type="checkbox"/> In House Programme	<input type="checkbox"/> In House Programme	<input type="checkbox"/> In House Programme	<input type="checkbox"/> Daytrip
Tuesday 10 <sup>th</sup> Jan	Wednesday 11 <sup>th</sup> Jan	Thursday 12 <sup>th</sup> Jan	Friday 13 <sup>th</sup> Jan
<input type="checkbox"/> In House Programme	<input type="checkbox"/> In House Programme	<input type="checkbox"/> In House Programme	<input type="checkbox"/> Daytrip
Tuesday 11 <sup>th</sup> Jan	Wednesday 18 <sup>th</sup> Jan	Thursday 19 <sup>th</sup> Jan	Friday 20 <sup>th</sup> Jan
<input type="checkbox"/> In House Programme	<input type="checkbox"/> In House Programme	<input type="checkbox"/> In House Programme	<input type="checkbox"/> Daytrip
Tuesday 24 <sup>th</sup> Jan	Wednesday 25 <sup>th</sup> Jan	Thursday 26 <sup>th</sup> Jan	Friday 27 <sup>th</sup> Jan
<input type="checkbox"/> In House Programme	<input type="checkbox"/> In House Programme	<input type="checkbox"/> In House Programme	<input type="checkbox"/> Daytrip

**PLEASE ENSURE CONSENT IS SIGNED BELOW WHEN ENROLLING**

**OUTDOOR PROGRAMME**

I give parental consent for my child participate on Youthtown's breakaway programme

Parent Authority permission slip must be signed by parent if youth is required to sign themselves in and out.

Parent Signature: \_\_\_\_\_

**KEY INFORMATION:**

**Programme**  
10:30am – 4.00pm

**Things to bring:**

Drink Bottle  
Lunch  
Please bring togs daily as there are swimming sessions

**OFFICE USE ONLY:**

- Entered into Registers \_\_\_\_\_ Date  
 Special Needs Assessment Form  
 Medical Form  
 Walking Permission Slip

**Please BRING A PACKED LUNCH as there is NO ability to buy lunches while on the Programme**