

Branch: _____

Please note you must also fill in a registration form for each programme your child(ren) will be attending

YOUTHTOWN AUCKLAND CENTRAL MEMBERSHIP FORM 2012

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

CHILD/ RENS NAME/S:	1.		
	2.		
	3.		
DOB:	1.	AGE:	
DOB:	2.	AGE:	
DOB:	3.	AGE:	
ADDRESS:			
<i>Who would you like your invoices/statements addressed to? e.g. Both guardians listed below or name of primary guardian</i>			
MOTHERS / GUARDIAN DETAILS:			
NAME:			
ADDRESS: (if different to above)			
CONTACT NUMBERS:	(day)	(after hours)	(mobile)
EMAIL ADDRESS:			
FATHERS / GUARDIAN DETAILS:			
NAME:			
ADDRESS: (if different to above)			
CONTACT NUMBERS:	(day)	(after hours)	(mobile)
EMAIL ADDRESS:			
EMERGENCY CONTACTS: (not parent or caregiver)			
NAME:		RELATIONSHIP TO CHILD:	
CONTACT PHONE NUMBERS BETWEEN 7.00 – 6.00 PM:			
NAME:		RELATIONSHIP TO CHILD:	
CONTACT PHONE NUMBERS BETWEEN 7.00 – 6.00 PM:			
PEOPLE AUTHORISED TO COLLECT YOUR CHILD:			
1.	2.	3.	4.
ADDITIONAL REQUIRED INFORMATION:			
SWIMMING ABILITY:	<input type="checkbox"/> Can't Swim <input type="checkbox"/> Water Confident <input type="checkbox"/> 25 metres <input type="checkbox"/> 100 metres		
HEALTH NEEDS: E.g. allergies, asthma, car sickness, medical conditions (if medication is to be administered by staff (this includes pain relief) please complete a MEDICATION CONSENT FORM for specific care – please complete a SPECIAL ASSESSMENT FORM)			
PERSONAL INFORMATION WE SHOULD KNOW: 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. Authorised persons (in accordance with the enrolment form) are required to sign the child/ren out of the programme. Any deviation from the named authority to collect a child must be advised to the programme co-ordinator and altered using a change of conditions form.
2. Transport provided is by way of Youthtown Vans/Buses. Drivers are licensed and trained.
3. We welcome all feedback from parents and the complaints procedure is displayed and available at reception.
4. 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

5. **Enrolment is on an annual basis. Details must be checked and signed prior to the start of each subsequent programme.**
6. For the safety of your child you must ensure all details are complete and accurate (a minimum of 3 different contact details are required)
7. The programme is a prepaid service, where enrolment is not complete nor confirmed until payment is made in full or a deposit made if applying for a subsidy.
8. The programme is substantially subsidised by Youthtown, as a result **refunds or transfers are unavailable.**
9. **There is a \$10.00 penalty fee** for every 10 minutes (or part thereof) late pick up per child collected after 6.00pm.

Health and Safety

10. Access arrangements/custody details for your child must be detailed on the enrolment form. Please meet with the coordinator as required
11. 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).
12. 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.
13. 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
14. Any medical conditions e.g. allergies must be indicated on the enrolment form. Medicine will not be administered without a Medical Consent Form.

Exclusion

15. 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.
16. 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

17. 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

18. 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.

19. This is a binding agreement between the service provider (Youthtown) and the customer (Signatory).
20. 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.

Please sign below to agree to the above terms and conditions and confirm that all details provided to us are accurate at the time of registration to each programme

Signed _____ (Parent/Guardian) Date: /
Full Name _____

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Full Name _____

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Full Name _____

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Full Name _____

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Signed _____ (Parent/Guardian) Date: /
Full Name _____

Signed _____ (Parent/Guardian) Date: /
Full Name _____

Office use only:

- 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 _____