



YMCA NELSON
PROGRAMME REGISTRATION FORM

Child's First Name:

Gender:

Date of Birth: / / Age:

Parent / Caregiver Contact Details

Name:

Home Address:

Home Phone:

Work Phone:

Cell Phone:

E-mail Address:

Authorised to Collect (1)	Authorised to Collect (2)
Name: <input type="text"/>	Name: <input type="text"/>
Home Ph: <input type="text"/>	Home Ph: <input type="text"/>
Work Ph: <input type="text"/>	Work Ph: <input type="text"/>
Cell Ph: <input type="text"/>	Cell Ph: <input type="text"/>

Child/Childrens Doctor:

Dr Medical Centre: Phone:

WHICH PROGRAMME ARE YOU REGISTERING FOR ? (Please Tick)

AFTER SCHOOL CARE				HOLIDAY PROGRAMMES			
CENTRAL	<input type="checkbox"/>	NAYLAND	<input type="checkbox"/>	CENTRAL	<input type="checkbox"/>	NAYLAND	<input type="checkbox"/>
VICTORY	<input type="checkbox"/>	TAHUNANUI	<input type="checkbox"/>	VICTORY	<input type="checkbox"/>		

Programme Start Date:	/ /	Total Weekly Fees:	\$
Programme Finish Date:	/ /	Total Fees: (Entire Programme)	\$

ATTENDANCE SCHEDULE									
WEEK 1					WEEK 2				
DAY	DATE	ARRIVING	DEPARTING	DAILY COST	DAY	DATE	ARRIVING	DEPARTING	DAILY COST
MON					MON				
TUE					TUE				
WED					WED				
THU					THU				
FRI					FRI				

Last Name:

Ethnicity:

School: Class Number:

Is e-mail a good way to provide you with an invoice? (Please tick)

YES NO

I give permission for my child to be photographed for YMCA promotional/marketing use only

YES NO

I give permission for sunscreen to be applied to my child when required

YES NO

Emergency Contact (1)	Emergency Contact (2)
Name: <input type="text"/>	Name: <input type="text"/>
Relationship to child: <input type="text"/>	Relationship to child: <input type="text"/>
Home Ph: <input type="text"/>	Home Ph: <input type="text"/>
Cell Ph: <input type="text"/>	Cell Ph: <input type="text"/>



YMCA NELSON - SPECIAL CARE FORM

PLEASE COMPLETE ALL QUESTIONS ON THIS FORM

MEDICAL CONDITIONS

Does your child have a medically diagnosed disability or medical condition? (Please tick)

YES

NO

Is he/she required to take any medication for this condition? (If so - please complete a medical consent form and provide specific instructions to the supervisor)

YES

NO

Please give specific details on how the disability/medical condition affects your child:

Are there any particular symptoms we need to be aware of:

DIET RESTRICTIONS

Does he/she have any dietary restrictions?

YES

NO

Diet Details:

ADDITIONAL NEEDS

Are there any particular circumstances that upset your child?

YES

NO

Details:

Swimming Ability - What is your child's ability in water ? (E.g. Skill Level & Confidence)

Is there anything else you would like us to know about your child ?

Custody Conditions (if relevant) ...

PARENTAL CONTRACT & CONDITIONS OF REGISTRATION

In signing this form you are agreeing to the following:

- I agree to pay fees for the days I have booked, promptly and in advance.
- To advise the coordinator or supervisor when my child will be absent from the programme before the commencement of the days programme. An additional fee may be charged if we are not advised of the absence.
- There is no refund in the event of absence. There may be an exception granted if for instance, sufficient notice is given (2 working days) and the vacancy is able to be re-booked. However, such refund is entirely at the discretion of Management.
- I give permission for my child/children to go on planned outings or excursions and he/she/they may participate in planned outdoor and recreational activities. I am aware that children will be transported to those activities by Bus, Taxi, Y-Van or Walking.
- I hereby authorize YMCA Nelson staff to seek emergency medical treatment for my child whenever it is deemed necessary and I am unable to be contacted.

- I acknowledge however, in signing this form, that neither the staff nor management of YMCA Nelson will be liable for any loss or damage (by way of accident, injury, theft or otherwise) arising out of attendance at the Afterschool or holiday programme.

• Privacy Act 1993:

The information you have supplied is necessary for the safe and effective operation of the YMCA programmes. All personal information requested will be destroyed at the completion of your child's time in the programme. You are welcome to review information pertaining to your child's enrolment at any time.

Sign below if you have read and agree to the above stated Conditions of Enrolment.

Parent/Caregiver Signature:

Date: ____ / ____ / _____