



# OSCAR PROGRAMME

# Registration Form

Child's name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender: male / female

Ethnicity: \_\_\_\_\_ Iwi: \_\_\_\_\_

Parent/Caregiver: \_\_\_\_\_

Address: \_\_\_\_\_

Place of work: \_\_\_\_\_

Phone: (Hm) \_\_\_\_\_ (Work) \_\_\_\_\_ (mobile) \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact 1): \_\_\_\_\_

Name and Phone number

Emergency contact 2): \_\_\_\_\_

Name and Phone number

Emergency contact 3): \_\_\_\_\_

Name and Phone number

If your child has any medical/behaviour conditions please state it below, complete another special needs form and talk to the programme Manager about symptoms and treatment.

Medical/behaviour conditions: \_\_\_\_\_

e.g. Allergies, ADHD, dietary requirements, behaviour management

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Person(s) authorized to collect your child: \_\_\_\_\_

Do you give permission for YMCA staff to give basic first aid treatment? YES NO

How do you rate your child's swimming ability? Poor Average Confident

Are there any special requirements for your child in or around water? \_\_\_\_\_

Are there any special circumstances which we should be aware of in relation to your child i.e. Custody orders, behaviour concerns? \_\_\_\_\_

School/Area your child is to be collected from: \_\_\_\_\_

School phone number: \_\_\_\_\_ Have you informed the school? YES NO

We have holiday programmes, would you be registering your child for these programmes? YES NO

If yes, which programme? \_\_\_\_\_

How did you find out about our programme? \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Date for child to start: \_\_\_\_\_

Do you qualify for Work & Income subsidy? YES . please see the Programme Manager to assist you in completing a WINZ form. NO - you will qualify for an internal YMCA subsidy of \$9.00 per day Not sure . please see the Programme Manager for advice

	Mon	Tues	Wed	Thur	Fri	Cost
Please tick days requested for Before Breakfast						
Please tick days requested for After School						
Please tick days requested for Active Learning Programme						

The information that you have supplied is necessary for the safe and effective operation of the Oscar programme. All personal information will be kept confidential. You are welcome to review information pertaining to your child's enrolment at any time.

Staff name & initials: _____	Winz subsidy: Yes No	Removing barriers: Yes No
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Comment: \_\_\_\_\_