



Please indicate the days and sessions that your child will be attending:

	Mon	Tue	Wed	Thu	Fri
8am - 12pm \$20 per morning					
8am - 5pm \$40 per day					

No refund available after 28 September 2017

One registration form per child please

Child's Details

Child's First Name: _____ Surname: _____
 Date of Birth: _____ Age: _____ Male / Female
 School: _____ Year at School: _____
 Allergies / Medical Conditions / Special Needs: _____
 Name of a friend your child might like to be with: _____

Parent / Caregiver's Details

Name: _____ Email: _____
 Address: _____ Suburb, Postcode: _____
 Home Phone: _____ Work Phone: _____
 Mobile: _____

Alternative Emergency Contacts (At least 2 are required)

1st Contact Person: _____ Phone: _____
 2nd Contact Person: _____ Phone: _____
 Other persons authorised to collect your child: _____

I give permission for my child to go on the trip to the Auckland Museum on Thursday 5th October (if attending).

I acknowledge that the information contained herein is confidential and, pursuant to the Privacy Act 1993, will only be used by the St Columba Holiday Programme leadership to provide effective care for my child and not used or distributed for any other purposes. Representatives from Child Youth & Family may view this information as part of the programme assessment process.

I acknowledge that images of my child or items of my child's work completed at the Holiday Programme may be used at a later date for training, marketing and promotional purposes. And I hereby give my consent and no further permission will be required.

In the unlikely event of an injury or illness, St Columba will make every effort to contact the parent/caregiver listed on this registration form. By signing this form I authorise the administration of such first aid as is considered necessary and will be responsible for any extra cost incurred.

Parent / Caregiver Signature: _____ Date: _____

Is this your child's first St Columba Holiday Programme? Yes No
 How did you find out about us?
 Church advertising Friends or family
 Website Newspaper School Notice

OFFICE USE ONLY
 All fields completed by parent / caregiver

ACCOUNTANT USE ONLY
 Cheque Cash EFTPOS Direct Credit

Date: _____ \$ _____