OSCAR PROGRAMME ENROLMENT FORM

Auckland Council
Te Kaunihera o Tāmaki Makaurau

SECTION ONE: Programme information - Before/After School Care (term time only)

We are working hard to become a more inclusive programme provider and we do not want anyone to miss out. Please provide as much information as possible in the below sections to ensure we can create a quality experience that all participants can enjoy.

Child 1: Age _____ Weekly fee: $ _____ Child 2: Age _____ Weekly fee: $ _____

Care required: ◯ After school care ◯ School advised Care required: ◯ After school care ◯ School advised

Days: ◯ Mon ◯ Tues ◯ Wed ◯ Thurs ◯ Fri Days: ◯ Mon ◯ Tues ◯ Wed ◯ Thurs ◯ Fri

School: _____ School: _____

Pick up point: _____ Pick up point: _____

Start time: _____ Finish time: _____ Start time: _____ Finish time: _____

Programme enrolment start date: _____ Programme enrolment start date: _____

SECTION TWO: Participant and Parent/Caregiver details

Child 1: Name: _____ Date of birth: _____

Medical conditions, medications or allergies? _____ Gender: ◯ Male ◯ Female

Behavioural, special/cultural needs? _____

School: _____ Child's first language? _____

Child 2: Name: _____ Date of birth: _____

Medical conditions, medications or allergies? _____ Gender: ◯ Male ◯ Female

Behavioural, special/cultural needs? _____

School: _____ Child's first language? _____

Parent/Guardian details:

Parent/guardian 1: _____ Relationship to child: _____

Address (home): _____

Home phone: _____ Work phone: _____ Mobile: _____

Email (personal): _____ Email (work): _____

I would like to receive marketing and promotional communications ◯ Yes ◯ No

Family doctor: _____ Phone number/s: _____

Emergency contacts (Mandatory – must be different to Parents/Guardians):

Name: _____ Relationship to child: _____ Phone: _____

Name: _____ Relationship to child: _____ Phone: _____

Person/s authorised to collect my child/ren:

Name: _____ Relationship to child: _____ Phone: _____

Name: _____ Relationship to child: _____ Phone: _____

Name: _____ Relationship to child: _____ Phone: _____

Person/s denied access to my child/ren (please provide copy of the court order):

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

SECTION THREE: Authorisation/consent

◯ **SWIMMING AUTHORISATION** (if applicable): I confirm that my child/ren can participate in swimming activities. Children aged 10 years and under will swim in the learners/small pool unless they can confidently swim one length of the main pool, as assessed by our Pool Lifeguards.

◯ **PROMOTIONAL PHOTO DISCLAIMER** I give permission for any photos and/or videos of my child/ren taken during the programme to be used in publications and social media for promotional purposes.

I have read and agree to the Terms and Conditions.

Your name: _____ Signature: _____

◯ ONLINE ENROLMENT SUBMISSION ONLY
Please download and fill in this form. By clicking this check box, you agree to the Terms and Conditions and this form will be emailed to West Wave Pool and Leisure Centre. Please note your booking will not be confirmed until payment has been received.