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Child's  
photo  
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Office Use Only	
Roll	
Centre	
PC	
Driver	
WINZ	
Parent	
MYOB	

# Planet Action Enrolment Form 2019

Phone No. 298 1807 Email: [reception@thegate.co.nz](mailto:reception@thegate.co.nz)

(Please tick) <input type="checkbox"/> Cosgrove				<input type="checkbox"/> Opaheke		<input type="checkbox"/> St Mary's		<input type="checkbox"/> AM Care	
Child's Name:						M/F		DOB:	
School:						Room:			

Please tick whether your child/ren will be attending on a permanent, rostered or casual basis:

- Permanent Basis:** (Please tick the day's and times your child will be in attendance)
- Rostered Basis:** (Please include a roster and keep office updated with changes)
- Casual Basis:** (Please inform our office before 12pm on child attendance)

Note: Our maximum capacity is 50 children. Your child will be placed on a waiting list when we reach capacity

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Breakfast Club</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.45am-8am \$10.00	<b>Discounted Rate: Mon-Fri \$40.00 *</b>				
<b>Early Session</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.30pm-4.30pm Cosgrove, St Mary's, Opaheke \$13.00 per day.	<b>Discounted Rate: Mon – Fri \$55.00 *</b>				
<b>Late Session</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.30pm-6.00pm Cosgrove, St Mary's, Opaheke \$17.00 per day.	<b>Discounted Rate: Mon – Fri \$75.00</b>				

**\* Permanent Enrolments Only**

Please tick if you require:

- Your child to be transported to our centre.

What date do you want your child to start.....

Parent/Caregiver		Parent/Caregiver	
Address		Address	
Place of Work		Place of Work	
Ph Work	Ph Home	Ph Work	Ph Home
Mobile		Mobile	
Email Address			

WINZ Client

WINZ Customer No

**BANK ACCOUNT DETAILS**  
**ASB, Papakura 12-3031 0863099-00**

**Emergency contacts and people permitted to collect your child** ( Please inform the office or supervisor if anybody else other than the people listed will pick up your child)

Name	Relationship	Phone
Name	Relationship	Phone

**People NOT permitted to collect child**

**For your child's protection, please provide a copy of any Court Order in place.**

.....

**CHILD'S MEDICAL**

Please list any medical or dietary conditions that may require our special attention.

Please advise appropriate action for your child's condition.

**Staff may administer emergency treatment in case of accidents.**

Is there any other information that would be useful for us to now about you child?

**Child's Doctor' Details**

**PHOTOGRAPHS**

Parents/Caregivers to help us keep your child/children safe and accounted for we ask that you give permission for Planet Action staff to photograph your child.

**Signed**

**Date**

**Please tick boxes and sign below to confirm acknowledgement.**

- I agree to pay fees weekly as they are due, and to give one week's written notice of withdrawal of my child. I understand that any expenses incurred in recovering any of my outstanding debts are my responsibility.
- Planet Action Staff will be running programmes throughout the year. The contents of programmes will be decided upon by the Planet Action Staff and Gateway Community Trust Management.
- I have read the Planet Action Information Pack. I fully agree to and understand my obligation in this document.

**Signed Date**