

The Rock Holiday Programme Enrolment Form

17th – 21st December 2018

Please complete the form and return to:

The Gate 26a Wood Street, Papakura or PO Box 72054 Papakura.

Ph: 09 298 1807, Fax: 09 298 2807, Email: reception@thegate.co.nz

Our preferred method of payment is EFTPOS or internet banking. (ASB Papakura 12-3031-0863099-00)

Child's First Name _____ Child's Surname _____ Age _____ M/F

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Parent/ Caregiver's Name _____ Email Address _____

Address _____ Suburb _____

Phone(home) _____ (Bus) _____ (Cell) _____

Medical Conditions _____ Medication _____

Allergies _____ Family Doctor _____

Other people authorised to collect your child/ children

Name _____ Contact No: _____ Relationship _____

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WEEK 1 December 17 th - 21 st 2018	AM Care 7am – 9am	✓	Daily Programme 9am – 4pm	✓	PM Care 4pm – 6pm	✓	Cost Per Day
MONDAY	4.00		35.00		4.00		
TUESDAY	4.00		35.00		4.00		
WEDNESDAY	4.00		35.00		4.00		
THURSDAY	4.00		35.00		4.00		
FRIDAY	4.00		35.00		4.00		
FULL WEEK SPECEAL \$175							

PLEASE READ AND SIGN

I give permission for my child to be transported to and from The Gate (26a Wood St) as part of activities organized by staff of the programme. I understand that The Rock Holiday Programme staff provide full care and supervision but cannot accept full responsibility for lost, stolen or damaged property.

Could we take photo's of your child for promotional purposes? Y N

Signed _____ Print Name _____ Date ____/____/____

OFFICE USE ONLY

Date _____ Name of staff taking booking _____

WINZ Deposit Paid Receipt Number _____

(Minimum \$50)

Non WINZ Paid Receipt Number _____