MŌHIOTIA TE ATUA | WHAKATIPURIA TE TĀNGATA

THE GATE

KNOW GOD | GROW PEOPLE

PC	Roll	P	WINZ	MYOB

The Rock Holiday Programme Enrolment Form

21st January – 25th January 2019

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

Child's First Name_____ Child's Surname_____Age_____M/F

Child's First Name_____ Child's Surname_____Age_____M/F

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_____

Name_____ Contact No:_____ Relationship_____

WEEK 1 January 21st – 25th 2019	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 (Minimum $50) ☐ **Receipt Number_____**

Non WINZ Paid ☐ **Receipt Number_____**