



KAPAI KIDZ®

HOLIDAY PROGRAMME ENROLMENT FORM

Please use a separate form for each child and complete the entire form.
When we have received your enrolment request we will be in touch with you.
All fields with an asterisk * must be filled in. Thank you.

CHILD'S DETAILS

Please supply all your child's details. Make sure you enter your child's correct date of birth in the DAY, MONTH and YEAR fields.

FAMILY NAME*

FIRST NAME*

DATE OF BIRTH* DAY/MONTH/YEAR example: 03/11/2004

HOME ADDRESS

HOME PHONE

MOBILE*

EMAIL* (one email address please)

DAYS / TIMES ATTENDING

PLEASE TICK DAYS WISHING TO ATTEND
(NOTE: CHOOSE BETWEEN 7.30AM AND 8.30AM START)

7.30AM START (do not select if starting at 8.30am)

- Mon 26 Sept 7.30am-6.00pm
- Tue 27 Sept 7.30am-6.00pm
- Wed 28 Sept 7.30am-6.00pm
- Thu 29 Sept 7.30am-6.00pm
- Fri 30 Sept 7.30am-6.00pm

7.30AM START (do not select if starting at 8.30am)

- Mon 3 Oct 7.30am-6.00pm
- Tue 4 Oct 7.30am-6.00pm
- Wed 5 Oct 7.30am-6.00pm
- Thu 6 Oct 7.30am-6.00pm
- Fri 7 Oct 7.30am-6.00pm

PLEASE TICK DAYS WISHING TO ATTEND

8.30AM START

- Mon 26 Sept 8.30am-6.00pm
- Tue 27 Sept 8.30am-6.00pm
- Wed 28 Sept 8.30am-6.00pm
- Thu 29 Sept 8.30am-6.00pm
- Fri 30 Sept 8.30am-6.00pm

8.30AM START

- Mon 3 Oct 8.30am-6.00pm
- Tue 4 Oct 8.30am-6.00pm
- Wed 5 Oct 8.30am-6.00pm
- Thu 6 Oct 8.30am-6.00pm
- Fri 7 Oct 8.30am-6.00pm

MEDICAL DETAILS

Please enter your child's medical details. Their doctor's contact details will only be used in an emergency. Please list any medical conditions, allergies or dietary restrictions in the Other Medical Details field.

DOCTOR'S NAME

DOCTOR'S PHONE

OTHER MEDICAL DETAILS/START DATE

I/WE GIVE SUPERVISORS AT KAPAI KIDZ® LTD PERMISSION TO ARRANGE ANY URGENT MEDICAL TREATMENT AT MY/OUR COST.

MOTHER'S DETAILS

FAMILY NAME*

FIRST NAME*

HOME PHONE

MOBILE*

EMAIL* (one email address please)

FATHER'S DETAILS

FAMILY NAME*

FIRST NAME*

HOME PHONE

MOBILE*

EMAIL* (one email address please)

EMERGENCY CONTACT INFORMATION

Please enter your first emergency contact person's details.

SURNAME*

FIRST NAME*

HOME PHONE*

WORK PHONE

HOME ADDRESS

MOBILE PHONE*

Please enter your second emergency contact person's details.

SURNAME*

FIRST NAME*

HOME PHONE*

WORK PHONE

HOME ADDRESS

MOBILE PHONE*

PEOPLE AUTHORISED TO COLLECT YOUR CHILD

Please enter names of people who are authorised to collect your child.

PERSON 1

PERSON 2

PERSON 3

PERSON 4

GENERAL INFORMATION – FEES AND BOOKING TERMS

FEES PER DAY

\$45.00 per day per child 8.30am-6.00pm

\$50.00 per day per child TUESDAY TRIP DAY 8.30am-6.00pm

\$55.00 per day per child THURSDAY TRIP DAY 8.30am-6.00pm

\$12.00 per day per child for early start at 7.30am

All bookings to be paid one week in advance to Bank Account:

NAME: **KAPAI KIDZ® LTD**

BRANCH: KIWI BANK JOHNSONVILLE

ACCOUNT NO: 389006 0510686 00

ATTENDANCE AND BOOKING TERMS

All bookings to be paid one week in advance to bank account:

NAME: **KAPAI KIDZ® LTD**

BRANCH: KIWI BANK JOHNSONVILLE

ACCOUNT NO: 389006 0510686 00

If your child is a regular, you must pay for the day(s) that your child is booked in whether they attend or not.

If a **public holiday** falls on a day your child would normally be attending, then the fee still applies. One week's notice must be provided if you remove your child(ren) from the programme.

Failure to settle outstanding accounts will result in unpaid accounts being forwarded to a debt collection agency and may incur additional costs.

A fee of \$20.00 for late pickups will be charged.

All fees are non-refundable.

All care will be taken to provide supervision of children attending KAPAI KIDZ® LTD. I acknowledge, however, in submitting this form that neither KAPAI KIDZ® LTD staff nor management will be liable for any loss or damage (by way of accident, injury, theft or otherwise) arising out of attendance at KAPAI KIDZ®.

I/WE HAVE READ AND ACCEPTED KAPAI KIDZ® LTD'S ATTENDANCE AND BOOKING TERMS