



www.westreap.org.nz

for up to date information on programs and events
happening

Enrolment forms for OSCAR and Gym can also be down
loaded for your convenience



Play Gym/Gym Fun

For Ages 3-9+

With Tutor

Anna Morgan

Wednesdays

Hokitika Primary School

WestREAP Occupational Safety & Health Policy:

WestREAP is committed to protecting participants from personal injury. In meeting this commitment WestREAP will:- provide a safe workplace, safe equipment and proper materials; establish and ensure the use of safe practices at all times; comply with all legislative requirements including the Health & Safety in Employment Act 1992. Everyone has a responsibility to observe safe work practices, rules and instruction relating to this building.

EMERGENCY PROCEDURES

In the event of an earthquake:

- move away from windows
- take immediate shelter under solid furniture
- keep calm
- assist any person (your child) who may need assistance to evacuate
- after earthquake evacuate the building to the assembly area as instructed by your tutor.

If you discover a fire:

- sound the alarm in the building
- ring the Fire Service from a safe location
- evacuate the building

When Fire Alarm sounds:

- Please pick up your child and immediately leave the building via the nearest exit and assemble in the assembly area as instructed by the tutor
- a head count will be conducted by the tutor
- the fire warden or fire service will advise when it is safe to return to the building.

Contact Details:

PO Box 264
Hokitika

Phone 03 755 8700

E-mail reception@westreap.org.nz

Enrolment Form

Childs Name _____

Age _____ DOB _____

Ethnicity

NZ European NZ Maori Pasifika Asian Other

State Other _____

Please Tick which class your child is attending.

Play gym 2.15pm – 3pm 7-8 y olds 3.45pm-4.45pm

5-6 yr olds 3pm-3.45pm 9+yr olds 4.45pm-5.30pm

Circle 1 please Term 1 Term 2 Term 3 Term 4

Special Requirements: Please advise if your child has a disability, allergies, medical condition, cultural or religious requirements we should be aware of

Caregiver details

Name _____

Address _____

Phone Home: _____ Mobile : _____

E-mail _____

I have read the Health and Safety Policy and will follow the directions of the tutor and make myself aware of the Emergency Procedures for the class **Yes/No**

Signed _____ Date _____

Office Use

Invoice # _____ Paid _____

Please cut here