

OSCAR Holiday Programme

ENROLMENT FORM

DATE: _____

Child's Name: _____

Address: _____

Age: _____ D.o B _____ Boy / Girl

Parent/Caregiver: _____

Email: _____

Phone No: _____ (home)
_____ (work/cell)

Emergency Contacts: **(Additional to above)**

1. _____
Phone _____

2. _____
Phone _____

My child's travel arrangements to & from the programme are;

Please note any special needs your child may have (fill in for every programme):

Behavioural, religious, cultural, health, allergies, medical conditions, dietary requirements.

NB A written consent is required if your child needs to be given medication while on the programme.

Please choose which Programme

- Hokitika**
- Greymouth**
- South Westland**

Please circle Days Enrolling

M T W T F

**Account Number for Direct Credit is
12 - 3166 – 0280560 - 00**

Payment Enclosed: \$ _____

WINZ OSCAR Subsidy

(Confirmation from WINZ must be received by WestREAP at least 1 WEEK prior to start of programme) or payment will need to be included.

- I have applied for a subsidy.
- I would like more information – please send me an application form.

Caregivers Declaration:

- I understand that I need to sign my child in and out of the programme each day.
- I agree to my child being transported to and from activities as required.
- I agree that staff will apply sunscreen to my child if necessary during the session.

Name: _____

Signature: _____

Date: _____



PROGRAMME FEES

Per Day: \$25.00
 Full Week: \$125.00
 Discount: Second (and any subsequent) child in a family \$105.00 for full programme

WINZ OSCAR Subsidies;

Subsidies are available for **many** families – you do not need to be a Work & Income client. The income threshold is surprisingly high and most of our families who have applied have been very pleasantly surprised!

Forms and information are available from WestREAP or contact Work & Income on 0800 559009

WINZ **must** have your name documented before the start of the Programme.

Contact:

For all enquiries; WestREAP
 72 Tudor Street
 Hokitika
(03) 755 8700 or
 0800 927 327

Fax 03 7558237

E-mail westreap@westreap.org.nz

After Hours; Jane 03 7558069