

K.A.S. CARE

Winter Holiday

Programme

Monday 10th – Friday 14th July 2017

K.A.S. Care

**H.N. Wanderers Football Clubrooms,
Guthrie Park, Brookvale Road, Havelock North**

*Kindly helped
sponsored by the
Ministry of Social
Development*



Julie

Julie Field 8776345 / 0275447539

Karen Davidson 8777360 / 0275509679

Web Site: www.kascare.co.nz Email: kascare@actrix.co.nz

Terms & Conditions

- ◆ K.A.S. Care is open from 8am until 5.30pm daily. Please respect these hours. There will be a fee charged for children arriving before 8.00am and children picked up after 5.30pm.
- ◆ Full payment is required to be sent in with the registration form to secure bookings and is non-refundable.
- ◆ Bookings are confirmed on receipt of payment.
- ◆ Children need to bring a hat, drink bottle, sunscreen, togs & rash vest & lunch each day.
- ◆ You are required to sign your child in and out of the programme daily. If you have any change to your arrangements made at the time of the booking, please indicate this on the sign in/out register.
- ◆ Please indicate on the form any situation or medical condition that may affect or disturb your child.
- ◆ Agree to any photos or art work of your child/children which may be used in advertising/promotion at a later date.
- ◆ K.A.S. Care and its staff will endeavour to provide the best of care for your child and his/her property, but cannot be held liable for any accidental injury or loss of property.
- ◆ Our Policy & Procedure Manual is available at the centre for your information.

SENIOR HOLIDAY PROGRAMME

9 – 13 YEARS ONLY

- ◆ Monday: Flaxmere Indoor Sports & Swim
- ◆ Tuesday: Laser Force
- ◆ Wednesday: Movies
- ◆ Thursday: TV Gameshow Challenge, Minute to Win It, Family Feud & More!
- ◆ Friday: Water Slides @ Onekawa Pools

PLEASE REMEMBER TO POP A DRINK BOTTLE, HAT, SUNSCREEN & RAINCOAT INTO YOUR CHILD'S BAG EVERYDAY!

JUNIOR HOLIDAY PROGRAMME

5 – 8 YEARS ONLY

- ◆ Monday: Flaxmere Indoor Sports & Swim
- ◆ Tuesday: Techno Day & Disco
- ◆ Wednesday: Indoor Gym Games & Nerf War Challenges!
- ◆ Thursday: Movies
- ◆ Friday: Omni Gym & Onekawa Pools

PLEASE REMEMBER TO POP A DRINK BOTTLE, HAT, SUNSCREEN & RAINCOAT INTO YOUR CHILD'S BAG EVERYDAY!

JUNIOR HOLIDAY PROGRAMME

SENIOR HOLIDAY PROGRAMME

Name/s:

..... Age:.....
 Age:.....
 Age:.....
 Age:.....

Amount Enclosed: \$

CLOSING DATE FOR ENROLMENTS 3 July 2017

Name/s:

..... Age:.....
 Age:.....
 Age:.....
 Age:.....

Amount Enclosed: \$

CLOSING DATE FOR ENROLMENTS 3 July 2017

Please respect drop off and pick up times

Please respect drop off and pick up times

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
SESSION ONLY	SESSION ONLY	SESSION ONLY	SESSION ONLY	SESSION ONLY

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
SESSION ONLY	SESSION ONLY	SESSION ONLY	SESSION ONLY	SESSION ONLY

Half Hour Block Times ONLY

Drop Off Time: Drop Off Time: Drop Off Time: Drop Off Time: Drop Off Time:

--	--	--	--	--

Half Hour Block Times ONLY

Pick Up Time: Pick Up Time: Pick Up Time: Pick Up Time: Pick Up Time:

--	--	--	--	--

Half Hour Block Times ONLY

Drop Off Time: Drop Off Time: Drop Off Time: Drop Off Time: Drop Off Time:

--	--	--	--	--

Half Hour Block Times ONLY

Pick Up Time: Pick Up Time: Pick Up Time: Pick Up Time: Pick Up Time:

--	--	--	--	--

FEES: – ALL FEES TO BE SENT IN WITH COMPLETED REGISTRATION FORM TO SECURE BOOKINGS & ARE NON-REFUNDABLE

Session 9am - 3pm:
 \$30.00 per child
 \$28.00 per child / two or more children

Before & After Care:
 \$3.00 per half hour for one child
 \$2.80 per half hour for two or more children

WINZ Forms must be completed at time of enrolment

Bank Account Details:

**K.A.S. Care Holiday Programme
 060645 0317902 - 03**

Please put Child's Name as reference and indicate Junior or Senior whichever is applicable

We are updating our email contacts, so if you would still like to receive your holidays flyers via email would you please write your email address below:

Email Address:

.....

PLEASE POST THIS COMPLETED
REGISTRATION FORM AND
PAYMENT TO:
K.A.S. CARE
OAKLEIGH HILLS
RD 11
HASTINGS 4178

Contact Person:

Contact Phone No:Cellphone No:

Address:

Emergency Contact Person & Phone No:

Family Doctor & Phone No:

Personal or special needs and medical history or requirements:

Swimming Ability (1 unable to swim 5 capable swimmer) Please circle

Name: Age: Ability: 1 2 3 4 5

Name: Age: Ability: 1 2 3 4 5

Name: Age: Ability: 1 2 3 4 5

I give authority for K.A.S. Care to transport (in either bus or private vehicle) my child/children to the relevant activities I have enrolled them in and I agree that K.A.S. Care will take all reasonable care for my child. I will not hold K.A.S. Care liable for any injury or accident, damage or loss of possessions and I authorise them to engage emergency treatment/procedures should they be necessary for the care of my child/children.

If my child/children require medication I will agree to complete the medication form required. In the course of bad weather some activities will be replaced by alternative programmes. I agree to the terms and conditions as stated in this flyer.

I have read the above, and agree to allow my child/children to travel in a private vehicle if necessary. This vehicle must be registered and have a current warrant of fitness and the driver shall have a current, clean, full drivers license.

Signed: Date: