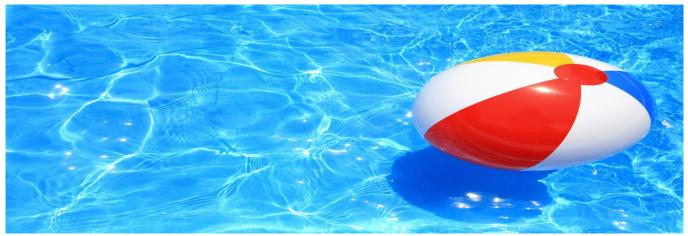
K.A.S. CARE Summer Holiday Programme

Kindly helped sponsored by the Ministry of Social Development Monday 22nd – Friday 26th January 2018 K.A.S. Care

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







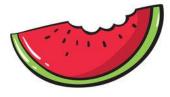
Junior Holiday Programme 5-8 Years

Senior Holiday Programme 9-13 Years

Session 9am – 3pm

Cost:

\$30 per child per session \$28 per child per session for two or more children



Contact:

© Can Stock Photo

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.
- Tull 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: Grass Sleighing & Swim

◆ Tuesday: Masquerade Masks, Havelock Domain Skateboard Park & Swim

Wednesday
Tribal Water Games

Thursday: Camp KAS Care – Orienteering, Camp Cooking, Tent Building &

Much more!

Friday: Day out at Splash Planet

HATS & SUNSCREEN ARE COMPULSORY AND CAN BE PURCHASED AT RECEPTION IF NEEDED. RASH SHIRTS ARE ALSO COMPULSORY WITH ALL WATER ACTIVITIES

JUNIOR HOLIDAY PROGRAMME

5 - 8 YEARS ONLY

Monday: Ooey Gooey Wet & Wild Day

Tuesday: Under the Sea Discovery

Wednesday Grass Sleighing & Swim

Thursday: Kidz Play Animal Farm Visit

Friday: Boat Safety, Boat Building & Walk to the stream to float them!



sun

HATS & SUNSCREEN ARE COMPULSORY AND CAN BE PURCHASED AT RECEPTION IF NEEDED. RASH SHIRTS ARE ALSO COMPULSORY WITH ALL WATER ACTIVITIES

JUNIOR HOLIDAY PROGRAMME							SENIOR HOLIDAY PROGRAMME											
Name/s:								Name/s:										
Age:								Age:										
Age:								Age:										
Age:								Age:										
Age:								Age:										
Amount Enclosed: \$								Amount Enclosed: \$										
CLOSING DATE FOR ENROLMENTS 11 December						CLOSING DATE FOR ENROLMENTS 11 December 2017												
Please respect drop off and pick up times							Please respect drop off and pick up times											
MONDAY	TUESDAY	WE	DNESDAY	THU	JRSDAY	FRIE	DAY	MOI	NDAY	TUE	SDAY	WEI	DNESDAY	THU	JRSDAY	FRIE	DAY	
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FEES: – ALL FEES TO BE SENT IN WITH COMPLETED REGISTRATION FORM TO SECURE BOOKINGS & ARE NON-REFUNDABLE																		
Session							9am - 3pm: WINZ Forms											
								0 per child must be two or more children completed at										
·									completed at									
								After Care: time of hour for one child enrolment										
·								for two or more children										

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 holidays flyers via email would you please write your email add 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:												
Address:												
Emergency Contact Person & Phone No:												
Family Doctor & Phone No:												
Name:	m 5 capable swimmer) Please circ Age:	Ability:	1	2	3	4	5					
Name:	Age:	Ability:		2								
Name:	Aae:	Abilitv:	1	2	3	4	5					
I give authority for K.A.S. Care to transport (in either bus or have enrolled them in and I agree that K.A.S. Care will take liable for any injury or accident, damage or loss of possess treatment/procedures should they be necessary for the care If my child/children require medication I will agree to compl weather some activities will be replaced by alternative prog this flyer. I have read the above, and agree to allow my child/children be registered and have a current warrant of fitness and the	all reasonable care for my ions and I authorise them of my child/children. ete the medication form rammes. I agree to the te	y child. I will n to engage of required. In t rms and con icle if necess	not lemers the condition	hold geno ours ns a This	K.A cy e of s sta	bad ated	Care I I in					

Signed: Date: