



Office Use Only	
Roll	
Centre	
PC	
Driver	
WINZ	
Parent	
MYOB	

## Planet Action Enrolment Form 2021

Phone No. 298 1807 Email: [reception@navigator.community](mailto:reception@navigator.community)

(Please tick) <input type="checkbox"/> Cosgrove <input type="checkbox"/> Opaheke <input type="checkbox"/> St Mary's		
Child's Name:	M/F	DOB:
School:		Room:

Please tick whether your child/ren will be attending on a permanent, rostered or casual basis:

- Permanent Basis:** (Please tick the day's and times your child will be in attendance)
- Casual Basis:** (Please inform our office before 12pm on child attendance)

Note: Our maximum capacity is 50 children. Your child will be placed on a waiting list when we reach capacity. For more information on permanent and casual basis, please see information booklet.

	Monday	Tuesday	Wednesday	Thursday	Friday
Early Session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.30pm-4.30pm Cosgrove, St Mary's, Opaheke \$13.00 per day. <b>Discounted Rate: Mon – Fri \$55.00 *</b>					
Late Session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.30pm-6.00pm Cosgrove, St Mary's, Opaheke \$17.00 per day. <b>Discounted Rate: Mon – Fri \$75.00</b>					

**\* Permanent Enrolments Only**

Please tick if you require:

- Your child to be transported to our centre.

What date do you want your child to start.....

Parent/Caregiver	Parent/Caregiver
Address	Address
Place of Work	Place of Work
Ph Work                      Ph Home	Ph Work                      Ph Home
Mobile	Mobile
Email Address	

WINZ Client       WINZ Customer No

**BANK ACCOUNT DETAILS**  
**ASB, Papakura 12-3031 0863099-00**

**Emergency contacts and people permitted to collect your child** ( Please inform the office or supervisor if anybody else other than the people listed will pick up your child)

Name	Relationship	Phone
Name	Relationship	Phone

**People NOT permitted to collect child**

**For your child's protection, please provide a copy of any Court Order in place.**

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**CHILD'S MEDICAL**

Please list any medical or dietary conditions that may require our special attention.

Please advise appropriate action for your child's condition.

**Staff may administer emergency treatment in case of accidents.**

Is there any other information that would be useful for us to know about you child?

**Child's Doctor' Details**

**PHOTOGRAPHS**

Parents/Caregivers to help us keep your child/children safe and accounted for we ask that you give permission for Planet Action staff to photograph your child.

**Signed**

**Date**

**Please tick boxes and sign below to confirm acknowledgement.**

- I agree to pay fees weekly as they are due, and to give one week's written notice of withdrawal of my child. I understand that any expenses incurred in recovering any of my outstanding debts are my responsibility.
- Planet Action Staff will be running programmes throughout the year. The contents of programmes will be decided upon by the Planet Action Staff and Gateway Community Trust Management.
- I have read the Planet Action Information Pack. I fully agree to and understand my obligation in this document.

**Signed Date**