

Important information

- This programme is for children
New Entrant – Year 8
- All activities are fully supervised
by experienced staff.
- The daily programme runs from
8.30am – 5.00pm.
- On trip days **ALL CHILDREN
MUST** be here by 9.00am.

What to bring every day:

A packed lunch (food will not be provided), water, sunscreen and hat.

Venue:

Elim Christian College
Golflands Campus.
94 Golfland Drive
Botany Downs

Contact Details:

Mark Castledine
Mobile: 021 0244 0607
ariseholiday@elim.school.nz

To obtain registration
forms:
email

ariseholiday@elim.school.nz

or

call Mark Castledine
538 0368 ext.5521

**Spaces are limited,
so be in quick!**

*Priority will be given to
students enrolling for the full
week of the programme*



ARISE SCHOOL HOLIDAY PROGRAMME

10th – 21st July 2017





ARISE JULY SCHOOL HOLIDAY PROGRAMME 2017

MONDAY 10 th July	TUESDAY 11 th July	WEDNESDAY 12 th July	THURSDAY 13 th July	FRIDAY 14 th July
<p><i>Board Game</i></p> <p>Bring your favourite board game form home! Best gamer will win prizes !</p> <p>\$25</p>	<p><i>Crafty Kids</i></p> <p>Come along as we get down and glittery making some awe-some arts and crafts. Plus Prizes to be won.</p> <p>\$25</p>	<p><i>Shared Lunch</i></p> <p>Bring a shared lunch to share, make sure you label what's in your food. Plus play some gun games</p> <p>\$25</p>	<p><i>Butterfly Creek</i></p> <p>We're off to see the Butterfly's and Crocodiles at Butterfly Creek</p> <p>\$38</p>	<p><i>Team Work</i></p> <p>Learn to work together as we set out some challenges for your team to compete</p> <p>\$25</p>
MONDAY 17 th July	TUESDAY 18 th July	WEDNESDAY 19 th July	THURSDAY 20 th July	FRIDAY 21 st July
<p><i>Wheels Day</i></p> <p>Bring something with wheels as we have a fun day zooming and scooting. Don't forget your helmets!</p> <p>\$25</p>	<p><i>Pyjama Party</i></p> <p>Wear your PJ's because it's a pyjama party day! All the cool party games to be played</p> <p>\$25</p>	<p><i>Totara Park</i></p> <p>Let's go explore Totara park, build some shelters and play on the playground.</p> <p>\$28</p>	<p><i>Sportacular</i></p> <p>Bring your "A" game! We're going to have a massive day of playing sport! Prizes for the top team</p> <p>\$25</p>	<p><i>You Choose</i></p> <p>That's right you get to choose what activities you want to do all day !</p> <p>\$25</p>

**ELIM CHRISTIAN COLLEGE ARISE HOLIDAY PROGRAMME
REGISTRATION FORM 2017**

Personal Details of Child

First Name of Child											
Surname of Child											
Date of Birth											
Gender	<i>Please circle</i> <div style="display: inline-block; width: 150px; text-align: center;">M</div> <div style="display: inline-block; width: 150px; text-align: center;">F</div>										
Age of Child	<i>Please circle</i> <div style="display: inline-block; width: 100px; text-align: center;">5</div> <div style="display: inline-block; width: 100px; text-align: center;">6</div> <div style="display: inline-block; width: 100px; text-align: center;">7</div> <div style="display: inline-block; width: 100px; text-align: center;">8</div> <div style="display: inline-block; width: 100px; text-align: center;">9</div> <div style="display: inline-block; width: 100px; text-align: center;">10</div> <div style="display: inline-block; width: 100px; text-align: center;">11</div> <div style="display: inline-block; width: 100px; text-align: center;">12</div> <div style="display: inline-block; width: 100px; text-align: center;">13</div>										

WEEK ONE: 10 -14 July 2017	<input type="checkbox"/> ALL WEEK	Board Game Crafty Arts Shard Lunch Butterfly Creek Team Work	\$138.00 <i>for the week</i>
	<input type="checkbox"/> Monday 10 th July		\$25.00 <i>for the day</i>
	<input type="checkbox"/> Tuesday 11 th July		\$25.00 <i>for the day</i>
	<input type="checkbox"/> Wednesday 12 th July		\$25.00 <i>for the day</i>
	<input type="checkbox"/> Thursday 13 th July		\$38.00 <i>for the day</i>
	<input type="checkbox"/> Friday 14 th July		\$25.00 <i>for the day</i>
		TOTAL: \$ _____	

WEEK TWO: 17-21 July 2017	<input type="checkbox"/> ALL WEEK	Wheels Day Pyjama Party Totara Park Sportacular You Choose	\$128.00 <i>for the week</i>
	<input type="checkbox"/> Monday 17 th July		\$25.00 <i>for the day</i>
	<input type="checkbox"/> Tuesday 18 th July		\$25.00 <i>for the day</i>
	<input type="checkbox"/> Wednesday 19 th July		\$28.00 <i>for the day</i>
	<input type="checkbox"/> Thursday 20 th July		\$25.00 <i>for the day</i>
	<input type="checkbox"/> Friday 21 st July		\$25.00 <i>for the day</i>
		TOTAL: \$ _____	

Family Details (1)

Name of Parent/Caregiver			
Address			
Contact Phone Numbers	Hm	Wk	Mob
Email Address			

Family Details (2)

Name of Parent/Caregiver			
Address			
Contact Phone Numbers	Hm	Wk	Mob
Email Address			

Custody Arrangements (if required)

For pick up purposes. Please provide details and supporting court documentation	
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Emergency Contact

To complete this registration form, the names of 2 emergency contacts must be supplied.

If you are un-contactable, please provide the names of 2 adults (aged 18+) who are within the area of the programme that can be contacted in an emergency. These people have permission to collect your child/children.

1. Name & relationship to child			
Contact Phone Numbers	Hm	Wk	Mob
2. Name & relationship to child			
Contact Phone Numbers	Hm	Wk	Mob

Names of other adults (aged 18+) not previously mentioned on this form who have permission to collect your child/children:

1. Name & relationship to child			
Contact Phone Numbers	Hm	Wk	Mob
2. Name & relationship to child			
Contact Phone Numbers	Hm	Wk	Mob

Photos: I give permission for my child to be photographed for Elim Christian College's promotional materials.	YES	NO	<i>(circle one)</i>
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Absences and Refunds

Absences – I understand that if we book our child into the ARISE HOLIDAY PROGRAMME and they do not attend I/we will be charged for that day.

Late pick-up charges – I understand that if I fail to pick up my child by 5.30pm a late charge of \$10 per 10 minutes will be levied after that time, or \$60.00 an hour. In the event of this happening, please contact: Mark Castledine 021 0244 0607.

Refunds – We have a no refund policy and are not obligated to refund your money if your child/ren misses a day of care for any reason (including sickness).

Withdrawal from ARISE HOLIDAY PROGRAMME - A two week notice period is required to withdraw your child from the ARISE HOLIDAY PROGRAMME.

Payment of Care

☐ **I/we agree to pay my/our account by TUESDAY 13TH DECEMBER 2016.**

I/we understand that my child will not be confirmed in the ARISE HOLIDAY PROGRAMME until full payment has been made.

Payment Details: Payment can be made by cash, cheque or EFTPOS at the Senior Campus or Junior Campus school office or by direct credit to: 02-0100-0357672-000. Reference: ARISE HOL & child/s name or surname.

Parent/Caregiver Declaration

☐ **I/we have read the policies and conditions of the ARISE HOLIDAY PROGRAMME and agree to these, and wish to enrol my/our child/children.**

Parent/Caregiver Signature:	Date:
Parent/Caregiver Signature:	Date:

**ELIM CHRISTIAN COLLEGE ARISE HOLIDAY PROGRAMME
MEDICAL & BEHAVIOUR DECLARATION FORM 2017**

Personal Details of Child

First Name of Child											
Surname of Child											
Date of Birth											
Gender	<i>Please circle</i>			M			F				
Age of Child	<i>Please circle</i>	5	6	7	8	9	10	11	12	13	

Family Doctor

Name of Family Doctor	
Medical Centre	
Phone Number	

Medical, Cultural or Behavioural Information

Please state any medical conditions, allergies, cultural or dietary requirements, behavioural conditions or specific needs for your child

Medication Administration Information

Please state administration requirements and attach an action plan from your GP if required

Consent for Medical Treatment

<input type="checkbox"/> I/we give consent to any emergency medical treatment for my/our child/children deemed necessary by ARISE HOLIDAY PROGRAMME first-aid trained staff. <input type="checkbox"/> I/We understand that in the event of a medical emergency if a parent or caregiver cannot be contacted, an ambulance will provide transport to the nearest Accident & Emergency clinic. <input type="checkbox"/> I/we give consent to Panadol/Paracetamol being administered if required.
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Parent/Caregiver Declaration

<input type="checkbox"/> I declare that the information provided above is true and correct to the best of my knowledge.	
Parent/Caregiver Name: Parent/Caregiver Signature: Mobile Number:	Date:
Parent/Caregiver Name: Parent/Caregiver Signature: Mobile Number:	Date: