



# Enrolment Form

# The Buzz

St Albans School Holiday Programme Years 1 – 9  
339 Albert Street, Palmerston North

## Child(ren)'s Details

Names:	Date of Birth	School Year	Boy/ Girl
1.			
2.			
3.			
4.			
5.			

Current School/s:

## Mother/Guardian - Name:

Home Address: Telephone: (home)  
 Mobile: Work: Email:

## Father/Guardian - Name:

Home Address: (if different) Telephone: (home)  
 Mobile: Work: Email:

## Emergency Contact #1

Name: Relationship to child:  
 Best telephone: Address:

## Emergency Contact #2

Name: Relationship to child:  
 Best telephone: Address:

## Doctor's Details

Child(ren)'s Doctor: Telephone: Address:

## Additional Information

Does your child have any particular health needs we should be aware of? (e.g. allergies, food requirements, asthma, medical conditions, etc)  
 Please list whether it's mild (1), moderate (2), or severe (3).

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Is there anything else we should know about in order to take good care of your child? (e.g. custody arrangements, special needs, behavioural issues, etc)

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## Parent/Guardian Contract Please sign this contract to complete the agreement.

**I agree and acknowledge:** I have read and understood the enrolment information. The supervisor has my permission to arrange any necessary urgent medical treatment at my cost. I will notify the administrator of any changes to enrolment details in a timely fashion. I understand photos/videos taken during The Buzz will be used ONLY for the purposes of advertising on The Buzz website or on The Buzz Facebook page. I agree to pay fees as stipulated in the fees policy. I am happy to be contacted by St Albans Church Children's or Youth Pastor about programmes suitable for my child/ren. e.g. Intermediate Youth Group (Elevate).

All reasonable care will be taken to provide supervision of children attending the programme in accordance with programme policies and procedures.

Name of parent/guardian:

Signature of parent/guardian:

If digitally signing  
select 'draw' option

Dated:

Privacy Act 1993: The information that you have supplied is necessary for the safe and effective operation of the OSCAR programme. All personal information requested will be destroyed at the completion of your child's time in the programme (please let us know). You are welcome to review information pertaining to your child's enrolment at any time.

## Optional Information Ethnicity of child/ren:

How did you hear about us? Website School flyer Word of mouth Letterbox flyer Other

Church Attendance, if any (for statistics only):

Email completed form to: [thebuzz@stalbans.org.nz](mailto:thebuzz@stalbans.org.nz).

Please print off this Enrolment Form or download and fill in digitally