

**Enrolment Form Ponsonby OSCAR
April School Holiday Programme**

Childs Name		
Date of birth	Age	Sex :F/M
School		
Ethnicity (Circle one) Maori Pakeha (European)		
Asian Pacific Other (specify)		
Address:		
Phone:		
Emergency	Contact	
Emergency	Contact	

Daily Care cost (Circle amount)

7-3.30	\$25	7-6 pm	\$30
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Special deals (Circle amount)

Families

7-3.30	\$22.50	7-6pm	\$27
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**Children that attend Ponsonby OSCAR
After School Care**

7-3.30	\$20	7-6pm	\$24
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**Please turn over and complete form on
the reverse side**

Ask about WINZ subsidy available , enrolment form must be filled in as this will be what your allowance will be calculated on



**Enrolment Form Ponsonby OSCAR
July School Holiday Programme**

Childs Name		
Date of birth	Age	Sex :F/M
School		
Ethnicity (Circle one) Maori Pakeha (European)		
Asian Pacific Other (specify)		
Address:		
Phone:		
Emergency	Contact	
Emergency	Contact	

Daily care cost (Circle amount)

7-3.30	\$25	7-6 pm	\$30
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Special Deals (Circle amount)

Families

7-3.30	\$22.50	7-6pm	\$27
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**Children that attend Ponsonby OSCAR
After School Care**

7-3.30	\$20	7-6pm	\$24
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**Please turn over and complete form on
the reverse side**

Ask about WINZ subsidy available , enrolment form must be filled in as this will be what your allowance will be calculated on



**Enrolment Form Ponsonby OSCAR
Sept-Oct School Holiday Programme**

Childs Name		
Date of birth	Age	Sex :F/M
School		
Ethnicity (Circle one) Maori Pakeha (European)		
Asian Pacific Other (specify)		
Address:		
Phone:		
Emergency	Contact	
Emergency	Contact	

Daily care cost (Circle amount)

7-3.30	\$25	7-6 pm	\$30
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Special Deals (Circle amount)

Families

7-3.30	\$22.50	7-6pm	\$27
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**Children that attend Ponsonby OSCAR
After School Care**

7-3.30	\$20	7-6pm	\$24
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**Please turn over and complete form on
the reverse side**

Ask about WINZ subsidy available , enrolment form must be filled in as this will be what your allowance will be calculated on

Week 1	Care cost	Name of trip and cost	Total
Mon			
Tues			
Wed			
Thurs			
Fri			
Week 2	Sub Total		
Mon			
Tues			
Wed			
Thurs			
Fri			
		Total	
Payment :		WINZ :	
Credit Card	Master	Visa	
Card # / ____ / ____ / ____ / ____			
Name of Card			
Expiry Date		Signature	

Week 1	Care cost	Name of trip and cost	Total
Mon			
Tues			
Wed			
Thurs			
Fri			
Week 2	Sub Total		
Mon			
Tues			
Wed			
Thurs			
Fri			
		Total	
Payment :		WINZ :	
Credit Card	Master	Visa	
Card # / ____ / ____ / ____ / ____			
Name of Card			
Expiry Date		Signature	

Week 1	Care cost	Name of trip and cost	Total
Mon			
Tues			
Wed			
Thurs			
Fri			
Week 2	Sub Total		
Mon			
Tues			
Wed			
Thurs			
Fri			
		Total	
Payment :		WINZ :	
Credit Card	Master	Visa	
Card # / ____ / ____ / ____ / ____			
Name of Card			
Expiry Date		Signature	