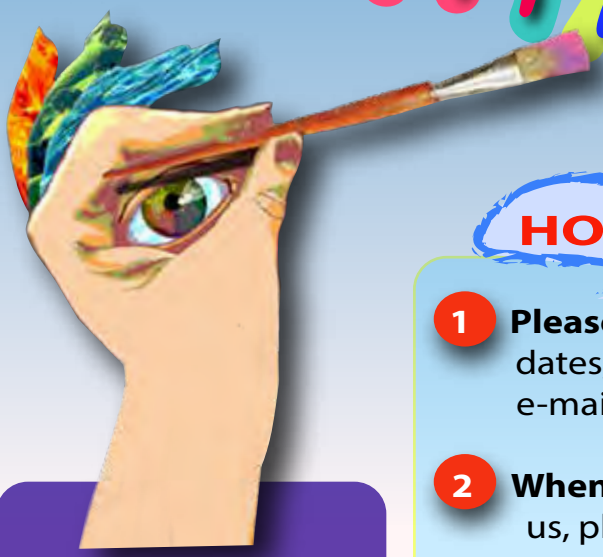
ARTMAKERS

CREATIVE KIDS



artmakers.co.nz

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PUBLIC HOLIDAYS may affect some dates.

HOW to BOOK

1. **Please first check for vacancies**: Request specifc days and dates, tell us the number of children and their ages by: e-mail: <kids@artmakers.co.nz> or ph / txt 021 991 576

2. **When you get the " GO AHEAD NOW"** notification from us, please follow through in **NO LESS THAN 24 hrs*** to
   - make your payment and
   - submit the registration form (on the next page).

3. **Payment:** DIrect credits only please.
   Our account details:
   Artmakers Community Artists Trust 03 0318 0663488 00
   Reference: Please use your child's family name as it appears on the Registration Form.

DAILY HOURS

8:30 - 4:00

If you require early drop off (8:15) or late pickup (5pm) a prior arrangement required and a surcharge will apply. REQUESTS for extended hours must be made ahead of time.

What to bring:

- SHOES REQUIRED
- Lunch and snacks
- Drink bottle
- Coverup art shirt
- Sunhat & block in summer.
- Please do not bring devices, or fragile items.

Each Art/Craft Day includes projcts to create and take home,	Art/Craft $50 per each day
THREE DAY BLOCK to devise a story, create costumes and props, rehearse and put on a Friday afterno on show.	DRAMA 3-day BLOCK $150
INCLUDES ALL OF THE ABOVE	FULL WEEK 5 days $250

* PLEASE NOTE: ***Numbers are strictly limited. When the programme is close to full, the co-ordinator may require you to complete turn-around the same day and will inform you of the deadline. Incomplete bookings will lapse if we do not hear from you by the required deadline.***

FIRST "SAVE" your own COPY of the form BEFORE entering the data.

REGISTRATION FORM

Artmakers Creative Kids
Norris Ward Park Arts Centre
2 Seddon Road Hamilton
ph /txt 021 991 576
e-mail: <kids@artmakers.co.nz>
web: https://artmakers.co.nz

★ CHILD(REN)'S FAMILY NAME: _____

Person making Payment * : _____

CHOOSE the HOLIDAY period — DEC ☐ JAN ☐ APRIL ☐ JULY ☐ SEPT/OCT ☐

CHOOSE the WEEK or DAYS :

	FULL week	OR	check the programme structure for season variations: Mon	Tues	Wed	Thur	Fri
WEEK 1 - start date ___/___/____	☐	OR	☐	☐	☐	☐	☐
WEEK 2 - start date ___/___/____	☐	OR	☐	☐	☐	☐	☐
WEEK 3 - start date ___/___/____	☐	OR	☐	☐	☐	☐	☐
WEEK 4 - start date ___/___/____	☐	OR	☐	☐	☐	☐	☐
WEEK 5 - start date ___/___/____	☐	OR	☐	☐	☐	☐	☐

★ **CHILD**(REN) information:

SURNAME	FIRST NAME	AGE	*Allergies, Medical or other Special needs? (Please provide details separately)*
			YES ☐ NO ☐
			YES ☐ NO ☐
			YES ☐ NO ☐

★ **PARENT / CAREGIVER** information: Please provide TWO DAYTIME & afterhours ADULT CONTACTS

	SURNAME	FIRST NAME	phone #	Address	Will this person drop off or collect the child ?
1.					YES ☐ NO ☐
2.					YES ☐ NO ☐

★ **e-mail address for parents / caregivers responsible for registering the child(ren)**

Name of person: **e-mail :**

★ **AGREEMENT and ACCEPTANCE of TERMS and CONDITIONS:**

1. EMERGENCY CARE: I hereby authorise ARTMAKERS TRUST to secure any emergency care required for my child / children (as names on this form) should this be required. I understand that it is my responsibility to inform ARTMAKERS of any medical issues which may affect my child(ren).

2. DAILY SIGN IN / OUT: I understand that my child /children must be signed in and out each day by one of the caregviers listed above. Children MAY NOT BE DEPOSITED AT or LEAVE the ARTMAKERS PREMISES unless escorted by one of the authorised persons on this form, unless express written permission is submitted to ARTMAKERS and agreed upon beforehand. We will NOT allow children under the age of 10 to depart without an approved adult escort.

3. TIME KEEPING : I accept that prompt end of day pick up is required. I will notify staff immediately if I am unexpectedly delayed. *(It may be possible to arrange for overtime supervision, but this must be prearranged and will carry additional charges.)*

4. BEHAVIOURS : I understand that my child(ren) may be asked to leave the programme if behaviour is repeatedly unacceptable or unmanageable. As the caregiver I will discuss any specific needs or identified behavioural issues with the Artmakers staff at enrolment, as required.

5. RIGHT TO REFUSE SERVICE : I understand that our family may be refused participation in the programme and / or charged additional fees if we do no abide by the matters raised in this agreement.

6. CONCERNS or COMPLAINTS: I understand that I may submit and discuss any issues or complaints in a timely manner directly to Supervisory staff in the first instance.

7. I understand that ARTMAKERS HOLIDAY PROPGRAMME POLICIES and PROCEDURES are available and may be freely viewed upon request at the office.

8. I agree that these enrolment and attendance records may be made available to the Ministry of Social Development for audit purposes.

Signed: ★ _____

Relationship to Child: _____

***- BOOKING** by phone 021 991 576*
OR e-mail <kids@artmakers.co.nz>
- In person: Office hours (please ring to confirm we are in)
- Bookings on a first come first serve basis.
- Numbers attending are limited.
- Bookings cannot be confirmed until :
: a. Staff have confirmed a vacancy for you.
b. Fees are paid in FULL or
c. OSCAR assistance application is filed and approved.

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***AMOUNT OF FEES TO BE PAID* will vary according to current rates and registration details. Final amount payable must FIRST be confirmed with staff through our office at the time of your booking request.**

Please make payment to the following account:
Artmakers 03 0318 0663488 00

PAYMENT DETAILS:

(do not mail) CASH : $

*DIRECT CREDIT : $

TOTAL : $

OSCAR subsidy : $ (amount applied for)

(Application date) ___/___/___

(Received) ___ date $ ___ amount

(Received) ___ date $ ___ amount

TOTAL : $

OFFICE USE ONLY

Received by:

Date:

Notes:

If you wish to pay by direct credit, please make payment to the following account: **03 0318 0663488 00**. PLEASE make PAYMENT reference using BOTH child(ren)'s & parent surname.