

# Mt Hutt Skiiland Early Learning Centre Information 2012



**Mt Hutt**  
canterbury new zealand

## Skiiland Early Learning Centre

Skiiland is open 9am – 4pm, 7 days a week.

Full day is 9am – 4pm.

Half day sessions are 3 hours.

Spaces in Skiiland are limited so booking in advance is advised.

## Kiwi Kids

**Age 2 – 5 years.**

This is the place to be for your little ones that don't wish to ski. Kiwi Kids provides a safe and fun activity based child care on the mountain, including play time in the snow with our qualified staff. Parents can enjoy time on the slopes secure in the knowledge that their kids are having a great time in our fully licensed facility.

One hour	\$17
Half Day	\$50
Full Day	\$75

## Skiwi Kids

**Age 3 - 5 years.**

Skiwi Kids provides a group ski lesson for children aged over 3 years **who are toilet trained**, in addition to lots of fun indoor and outdoor activities. The lesson options include ski, boot and **helmet** rental and the full day options include lunch.

Half Day	\$60
Full Day, lunch included	\$100

Mt Hutt Snowsports School

Phone: 03 3076329

Email: [school@mthutt.co.nz](mailto:school@mthutt.co.nz)



**SNOWSPORTS**  
SCHOOL



# Mt Hutt Skiiland Enrolment Form 2012

**CHILD'S INFORMATION** – one form per child. Simply type in the grey squares, click on the boxes and select from the drop down menus. Then save and send this form back to school@mthutt.co.nz. We will then send you an email confirmation. Please note that if you do not receive a confirmation email from us within 10 days assume we have not received your form.

**To assist us in creating the best possible learning & day-care environment for your child, please complete this form with as much detail as possible.**

First and Last Name                      Date of Birth                      Age  
Language Spoken                      Ethnicity                      If your child is Maori what is his/her Iwi  
Has your child attended any other day care, pre school or kindergarten?  Yes  No If "yes" which days of the week do they currently attend? Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday   
Does your child have any special needs or things that can help him/her settle into a new environment?  
What does your child love to do?  
Comments regarding diet, sleep & toileting requirements  
What are your expectations for your child whilst in Skiiland?  
Does your child have any medical issues, **allergies** or will be taking any medication while in Skiiland?  
 Yes  No **If yes please see staff at Skiiland to fill in the appropriate form.**  
Is your child Immunised?  Yes  No (If yes, please supply copy of their Immunisation certificate if possible)  
Doctor Name                      Phone  
Address

## **PARENT/CAREGIVER INFORMATION**

First and Last Name                      Relationship to Child  
Home Address  
Home Phone Number                      Mobile Number  
Contact Details in Methven  
Email address

## **EMERGENCY CONTACT (to be used in case we cannot contact parent/caregiver)**

First and Last Name                      Relationship to Child  
Home Address  
Home Phone Number                      Mobile Number  
Contact Details in Methven  
Will you be skiing/snowboarding while your child is in Skiiland?  Yes  No  
Name of person(s) authorised to collect child  
Is there any person(s) who legally can not have access to your child?  Yes  No  
(if yes, please provide documentation)

## **ENROLMENT DETAILS**

Date of Enrolment \_\_/\_\_/\_\_ Date of Entry \_\_/\_\_/\_\_ Date of Exit \_\_/\_\_/\_\_

## **POLICIES**                      Please read carefully and tick if you agree

Skiiland has a number of policies that set out the procedures that are in place for the care and education of the children who attend. We strongly urge you to read these. The signing of this enrolment agreement form indicates that you will abide by the policies of this service, and understand how you can have input to policy review.

I agree to collect or make arrangements for the collection of my child if s/he becomes unwell or is suffering from any condition deemed to be contagious, including but not limited to diarrhea, vomiting, conjunctivitis and head lice. I understand that if my child suffers from any of these then I will keep them away from the centre for at least 24 hours from cessation of symptoms.

I agree to allow staff to make written observations and take photographs of my child. Photos will remain confidential to Skiiland

I understand that if my child has a sleep whilst at Skiiland s/he, once asleep, will be checked every 5 minutes as per the Sleep Procedure.

I authorise the staff and ski instructors to take my child outside the centre for snow play, walks, and/or ski lessons (staffing levels as dictated by the Centre's license will apply).

**I hereby declare that if my child is enrolled at an Early Childhood Institution or a Primary School in New Zealand I will inform the Skiiland staff of this. If applicable, I agree to notify my child's Early Childhood Institution that they are unable to claim funding for my child whilst they are enrolled at Skiiland.**

**All information on this form is true**                      Parent/Guardian Signature.....                      Date.....  
(To be completed upon arrival at Skiiland)

Service Declaration  
On Behalf of Skiiland, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature .....                      Date.....