Meitaki Choice Academy

One Academy. One Family. One Culture.

REGISTRATION
MEMBERSHIP FORM

Welcome to Meitaki Choice Academy!

We are a space for all tamariki and youth to explore and celebrate our heritage and many cultures through performing arts, stories, language, arts & crafts and more.

Our stories. Our cultures. Our future.

1. STUDENT INFORMATION

Full Name: _____

Preferred Name: _____

Date of Birth: ____ / ____ / _____ Age: _____ Gender: _____

☐ Female ☐ Male ☐ Non-binary ☐ Prefer not to say

School: _____ Year/Grade: _____

Address: _____

Suburb: _____ Postcode: _____

Phone (Mobile): _____

Ethnicity / Cultural Background (optional): _____

_____

How did you hear about us?

☐ Family / Friend ☐ Social Media ☐ School ☐ Community Event

☐ Other: _____

2. PARENT / CAREGIVER INFORMATION

Primary Contact (Parent / Caregiver):

Full Name: _____

Relationship to Student: _____

Mobile: _____

Address (if different from student): _____

_____

Secondary Contact (Parent / Caregiver):

Full Name: _____

Relationship to Student: _____

Mobile: _____

3. EMERGENCY CONTACTS

In case of emergency, please contact:

Emergency Contact 1:

Name: _____

Relationship to Student: _____

Mobile: _____ Phone (2): _____

Emergency Contact 2:

Name: _____

Relationship to Student: _____

Mobile: _____ Phone (2): _____

Please ensure your emergency contacts are available during practice times and events.

7. TERMS & CONDITIONS

By enrolling, I acknowledge and agree to the following:

- The Academy provides a safe, respectful and positive environment for all tamariki and youth.
- Parents/Caregivers are responsible for drop-off and pick-up of students.
- Parent/Caregivers are responsible for any behaviour or actions of their child while attending Academy activities.
- Program details, times and information are subject to change with notice.
- Our program is provided free of charge as of yet. There are no fees.

Parent / Caregiver Signature: _____ Date: ____ / ____ / ____.

4. MEDICAL & CONSENT INFORMATION

Medical Consent

I give permission for Meitaki Choice Academy to seek medical attention for my child in the event of an emergency if I cannot be contacted.

☐ Yes, I give consent ☐ No, I do not give consent

Photo & Video Consent

I give permission for photos/videos of my child to be taken for academy use (promotional materials, social media, website).

☐ Yes, I give permission ☐ No, I do not give permission

Allergies / Medical Conditions

Does your child have any allergies or medical conditions?

☐ Yes ☐ No If yes, please provide details:

_____

_____

_____

Medication Required

Does your child require any medication?

☐ Yes ☐ No If yes, please provide details (name of medication, dosage, time required, storage instructions):

_____

_____

_____

General Consent

By signing below, I agree to the following:

- I have read and agree to the Academy's Terms & Conditions.
- I agree to support the Academy's values and vision.
- I understand that information provided is accurate and will inform the academy of any changes.
- I understand the program is free of charge as of yet. There are no fees.

Parent / Caregiver Name: _____

Signature: _____ Date: ____ / ____ / ____

5. ADDITIONAL INFORMATION

Please share anything else we should know about your child that may help us support them (e.g. strengths, interests, cultural background, goals, or any additional needs):

_____

_____

_____

6. MEMBERSHIP TYPE

Please select:

☐ POTIKI (Ages 3 – 9) Little Learners

☐ MAPU (Ages 10 – 17) Future Leaders

☐ DRUMMERS Drummers

☐ FAMILY Membership (3 or more members)

Name(s) of other family members joining (if applicable):

1. _____

2. _____

8. OFFICE USE ONLY

Date Received: ____ / ____ / ____

Membership ID: _____

Enrolled By: _____

Program Start Date: ____ / ____ / _____

Notes: _____

OUR VALUES

HONESTY
tuatua tika
We are truthful and act with integrity.

RESPECT
'Akangāteitei
We show kindness and respect to everyone.

MOTIVATION
'Akamāro'iro'i atu
We encourage and inspire each other to do our best.

LOYALTY
tuatua mou
We are committed to our academy and to each other.

COMMUNITY
mataikeinanga
We work together, support one another and celebrate our diversity.

EVERY DONATION MAKES A DIFFERENCE

A donation jar will be present during our practices.

Give what you can, when you can.

in support of

SICKLE CELL ANEMIA AWARENESS & SUPPORT

Together we grow, shine and succeed!