

_____ Programme

After School Care Enrolment Form

FAMILY DETAILS	Age	Date of Birth
Full names of Child/ren	<hr/> <hr/> <hr/>	
Home Phone Number	<hr/>	
Email	<hr/>	
Home Address	<hr/>	
School	<hr/>	
	Pick Up Needed?	Yes/No
Days Attending	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>
	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>
	Friday <input type="checkbox"/>	<input type="checkbox"/>
Parents/Caregivers		
Name	<hr/>	
Place of Work	<hr/>	
Phone numbers	Work	Home
	<hr/>	
	Mobile	
Name	<hr/>	
Place of Work	<hr/>	
Phone numbers	Work	Home
	<hr/>	
	Mobile	
Other contact people	Please provide 2 contacts who live locally	
Name	Phone	
	<hr/>	
Relationship to child (relative, friend etc)	<hr/>	

Name	Phone
Relationship to child (relative, friend etc)	
Apart from people listed above, who is allowed to collect your child from the programme?	_____ _____ _____
If you would like your child to walk home from the programme, please provide details	_____
Is your child the subject of custody or access orders?	Yes No
Details – If a parent/guardian is not authorised to collect a child, we require legal evidence	_____ _____
Doctors Name	Phone
Has your child any allergies, dietary restrictions, health conditions, medication, asthma inhalers etc..	_____ _____ _____
Is there anything else we should know about your child, special needs, particular interests etc	_____ _____ _____

In the event of an emergency or accident I consent to the programme staff taking necessary steps, including giving first aid and if required calling an ambulance, or transporting my child to ensure their safety and well-being.

I also agree to all the other attached terms and conditions (page 3)

SIGNED _____

DATE _____

PLEASE INFORM THE SUPERVISOR IF ANY OF THIS INFORMATION CHANGES

(SAMPLE ONLY) CONDITIONS OF ENROLMENT

1. I have received a copy of the fee structure and agree to the conditions outlined in it.
2. I understand that there are no refunds after the commencement of the holiday programme. If you cancel before a programme begins, your fees may be transferred to different days or a future programme at the discretion of programme management.
3. I agree to paying fees no later than 7 days of receiving the invoice / statement.
4. I understand that my child's enrolment may be suspended if there is any default in payment.
5. I agree that if a debt remains after two reminder notices have been sent, the outstanding debt will be sent to a Debt Collection Agency for recovery and I will be liable for any and all debt collection fees and legal costs as well as the original outstanding amount.
6. I agree to sign the daily register and record the start and/or finish times for my child.
7. I agree that only the people stated on the enrolment form will be allowed to collect children. No children will leave the programme unaccompanied without written permission and the agreement of the supervisor.
8. I agree that personal possessions are my child's responsibility when attending the programme. I agree that, while the programme will exercise all due care, the programme and staff will not be liable for accidental loss or damage to any personal property that a child has at the programme.
9. I will ensure my child will be dressed appropriately for the weather and play AND I will provide sunhats, jackets, warm hats and spare clothing, when requested.
10. I give permission for my child(s) to participate in all our activities. To the extent permitted by law I agree that the programme management and staff will not be liable for accidental injuries which can occur, especially when children are involved in active play.
11. I give permission for my child to travel in the programme's vehicles and to be taken for local walks and outings by the staff. I understand I will need to sign a permission form for any holiday excursions.
12. I understand that the programme management reserves the right to exclude from the programme any child who is frequently disruptive, ignoring programme rules, or who poses a significant risk to the safety of themselves or others. The programme strives to be fair, positive and consistent in helping children behave appropriately. Please refer to the behaviour guidance policy.
13. In the event of sickness or accident I authorise qualified medical attention be secured at my expense.
14. I give permission for the programme staff to administer first aid, sun screen and seek any medical assistance necessary and that I will be liable for any costs incurred.
15. I give permission for a staff member to give my child any required medication if it is requested in writing by me, or following a phone call.
16. I understand that programme management has a paramount commitment to the safety and wellbeing of children in its care and may at their discretion seek professional guidance in the case of suspected child mistreatment or abuse. Please refer to our child wellbeing policies.
17. I understand that my child's photo may be taken while at the programme and could be used for programme promotional purposes – please advise us if you have any concerns.
18. I understand that the programme will take all reasonable precautions to protect my personal information from misuse, loss, unauthorised access, modification or disclosure. Under the Privacy Act 1993 I have the right of access to, and correction of, personal information held by the programme.
19. I acknowledge that my personal details may be viewed by staff from the Ministry of Social Development or Te Kahui Kahu (Social Sector Accreditation) for programme accreditation and funding audit purposes.
20. I agree to keep the programme informed about changes to personal information provided and I will provide complete information about any allergies and/or medical conditions that my child has.

XXXXXXXXXXXX

BEFORE & AFTER SCHOOL CARE – ENROLMENT FORM

Child's Name: 1..... Room: Date of Birth:/...../.....
2..... Room: Date of Birth:/...../.....
3..... Room: Date of Birth:/...../.....
4..... Room: Date of Birth:/...../.....

School/s attending:.....

Home address:

E-mail address:

Parent / Caregiver Name

Home Ph No: Mobile No:

Place of Work: Work Ph No:

Parent / Caregiver Name

Home Ph No: Mobile No:

Place of Work: Work Ph No:

Alternative Emergency Contact 1: Phone No:

Alternative Emergency Contact 2: Phone No:

* Children live with: mother only father only both parents other (*please specify*)
.....

Other people authorised to collect my child/children:
.....

Is your child the subject of custody or access orders? YES NO

If a parent/guardian is not authorised to collect a child, we require legal evidence

Is there anything else we should know about in order to take good care of your child? Special needs, behavioural issues, ethnic, cultural, spiritual values and beliefs etc.....

.....
.....

CHILDREN'S HEALTH

Are there any health conditions (e.g. asthma, food allergies), illness, injuries, special needs or disabilities that we should be aware of? **YES (give details please)** **NO**

.....
.....

Are there any ongoing medications to be administered? **YES (give details please)** **NO**

.....
.....

Family Doctor is:Phone No:

IF PERMANENT DAYS ARE REQUIRED, PLEASE INDICATE BEFORE OR AFTER SCHOOL CARE REQUIREMENTS:

For **before** school care:

Monday	Tuesday	Wednesday	Thursday	Friday

For **after** school care:

Monday	Tuesday	Wednesday	Thursday	Friday

Circle the time your child/children will be collected: Before 4:30pm Between 4:30pm & 5:30pm

Start date:

In the event of an emergency or accident I consent to the programme staff taking necessary steps, including giving first aid and if required calling an ambulance, or transporting my child to ensure their safety and well-being.

I also agree to all the other attached terms and conditions (See over page 3)

Signature (Parent/Caregiver): Date:

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19. I acknowledge that my personal details may be viewed by staff from the Ministry of Social Development or Te Kahui Kahu (Social Sector Accreditation) for programme accreditation and funding audit purposes.
20. I agree to keep the programme informed about changes to personal information provided and I will provide complete information about any allergies and/or medical conditions that my child has.

FEE STRUCTURE 2022 example only (many programmes have just one sessional fee)

Before School Care

If you are interested in before school care please contact XXXXXXXXXXXXXXXXXXXX) to discuss your needs further. All bookings for before school care are charged at a flat rate **\$10 per session**, 7.30am to 8.30am and this charge is invoiced each week whether your child is there or absent.

After School Care PERMANENT Rates

Permanent bookings will be charged whether or not your child attends. Bookings must be made a week in advance. Your child may be refused if the programme is too full and he/she is not pre-booked, for safety reasons. **Please note:** fees are still payable for casual absences, and sports activities/school camps/school half days/Teacher only days will be charged for if occurring during booked time. Fees will not be charged for public holidays at this stage.

From 2:45pm until 4:30pm

1st child **\$12.00 per day**
2nd child \$ 10.00 per day
3rd child \$ 10.00 per day

From 2:45pm until 5:30pm

1st child **\$14.00 per day**
2nd child \$12.00 per day
3rd child \$12.00 per day

After School Care CASUAL Rates

From 2:45pm until 4:30pm

1st child **\$13.00 per day**
2nd child \$ 11.00 per day
3rd child \$ 11.00 per day

From 2:45pm until 5:30pm

1st child **\$16.00 per day**
2nd child \$14.00 per day
3rd child \$14.00 per day

Please text the XXXXXXXXXXXXXXXXXXXXXXXXXXXX if your child is going to be away on a day booked in, we would appreciate this courtesy, as it saves our staff valuable time from having to chase up children who have not arrived on time, also it helps keep our children safe! Many thanks 😊

Late Fees:

\$1.00 per minute late fee will be charged if your child is picked up after 5.30pm. We are strict on this as we still need to pay wages for 2 staff while we wait for you to arrive.

Fees need to be paid weekly. **Fees outstanding for longer than two weeks will be charged an administration fee of \$10.00.**

Invoicing

Invoices will be sent out weekly, our preferred method is via email. If you are happy to receive these by e-mail, please indicate your preferred email address.

Payments

Payments can be made directly into the school account via internet banking.

Account Name:

Bank:

Account Number:

If paying by direct credit, please use the following reference: Family name and XXXXXXXXXXXX

All other payment options available at the school office.

Please note:

Unless previous arrangements have been made, payments that are outstanding may see your child withdrawn from this programme.

Oscar Fee Subsidy

We are an Accredited OSCAR programme. If you would like more information regarding subsidies please contact your local WINZ office to collect your forms and give to us to complete our section.

A copy of our policy and procedures document is on site and you are welcome to view at any time.

HOLIDAY PROGRAMME ENROLMENT

NB: No booking will be accepted unless a signed booking form is received. We have a maximum of 40 children (limited spaces on trip days). First in first served!!

CHILD(REN)'S DETAILS:

Name	School Attending	DOB	Age
1			
2			
3			

My child/children will be attending on the following days: please mark (x) days attending

Monday	Tuesday	Wednesday	Thursday	Friday	Total
7 July	8 July	9 July (Extra \$10)	10 July	11 July	
14 July	15 July	16 July (Extra \$20)	17 July	18 July	

..... Regular Days @ \$25 (one Child) \$23 (2+ Children) per Child

..... Additional Charges \$10/\$20

Total Payment Enclosed

Parent / caregiver name:

Home address

Telephone:(day) (after hours)(mobile)

Email:

Parent / caregiver name:

Home address

Telephone:(day) (after hours)(mobile)

Email:

PEOPLE AUTHORISED TO COLLECT YOUR CHILD(REN)

.....

.....

EMERGENCY CONTACTS (2 required)

Name:..... Relationship to child:

Telephone:(day) (after hours)(mobile)

Name:..... Relationship to child:

Telephone:(day) (after hours)(mobile)

DOCTOR'S DETAILS:

Child(ren)'s doctor:

Telephone: Address:

ADDITIONAL INFORMATION:

If you or your family have any particular cultural requirements that you would like to discuss with us we would encourage you to do so and welcome opportunity to assist. You are welcome to note requirements on this enrolment form or discuss this directly with our Programme Co-ordinator

Does your child have any particular health needs? e.g. allergies, food requirements, asthma, medical conditions, ADHD etc.

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.

NB: If you would prefer to have a discrete conversation with our Programme Co-Ordinator, this can be arranged.

EXCURSION PERMISSION:

I give permission for my child(ren) to participate in excursions stated in the programme of events.

PARENT CONTRACT:

Please sign this contract to complete enrolment. If you have any questions about the programme or wish to see a copy of the programme policies prior to signing, please do not hesitate to ask a member of staff.

In the event of an emergency or accident I consent to the programme staff taking necessary steps, including giving first aid and if required calling an ambulance, or transporting my child to ensure their safety and well-being.

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Name of parent:.....

Signature of parent:..... **Dated:**.....

Please deliver to **XXXXXXXXXXXXXXXXXXB** OR you can email to **XXX** and follow up with a payment.