

KIDS AFTER SCHOOL

Before & After School Enrolment Form

Programme enrolling for:	(Circle one)	Hill/Bombay/Patumahoe/Harrisville/Waiuku
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Family Name: _____

Childs name (1) _____	Male/Female	Date of Birth _____/_____/_____
Childs name (2) _____	Male/Female	Date of Birth _____/_____/_____
Childs name (3) _____	Male/Female	Date of Birth _____/_____/_____
Childs name (4) _____	Male/Female	Date of Birth _____/_____/_____

Ethnic Group (optional): _____

Name of Enrolling parent/caregiver: _____

Address: _____ Suburb: _____

Post Code _____

Phone (Home) _____ Phone Work: _____

Phone (Mobile) _____ Place of Work: _____

E-mail address: _____ (for invoices to be sent to)

Name of other parent/caregiver: _____

Address: _____ Post Code _____

Phone: (Home) _____ Phone (Work): _____

Medical Information

Child's Doctor: _____ Surgery Phone: _____

Emergency contact name: _____ Relationship to Child: _____
(This must be different to parent/caregivers names)

Telephone Number: _____

Childs School Details

School Name: _____ Phone: _____

Room: _____ Room: _____ Room: _____ Room: _____

Who has permission to collect your child

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

Place a tick in the box if there are any persons, by law, that are forbidden to have access to the child, or have a right of access to the child that is subject to conditions. (Legal documentation supporting this must be provided for the Programme Manager/Supervisor to photocopy and hold on file)

Care required: (please circle one) Permanent/Casual

Start Date: ___/___/___

Term Care

Morning Care

Monday _____ until school start
Tuesday _____ until school start
Wednesday _____ until school start
Thursday _____ until school start
Friday _____ until school start

Afternoon Care

Monday School finish until _____
Tuesday School finish until _____
Wednesday School finish until _____
Thursday School finish until _____
Friday School finish until _____

Is there anything that our Programme Supervisors should know about to take good care of your child?

Medical Details (Asthma, Allergies): _____

Special routines/habits: _____

Food Allergies: _____

Behavioural Difficulties: _____

Special Needs: (Please complete separate form): _____

Any other information you feel we need to know: _____

I would like my child to do their homework at Kids After School (please circle one)

Yes **or** **No**

Kids After School regularly celebrates the children's art work, activities and results of personal effort. I agree that my child's work, name & photograph can be displayed on our noticeboard, website, or in our newsletter. Leave blank if you do not.

Signed: _____

Please sign below if you would like to receive holiday programme information. Your name and address will be recorded on our mailing list so that holiday programme information will be sent in the mail to you prior to each holiday period. All personal information will remain confidential.

Signed _____

I have read and understand the following points:

- I have been given and have read the **Kids After School** information for parents/care-givers booklet, including the fee structure made up of daily fees, late payments or fees charged for absences & phone calls.
- Fees will be paid weekly by Friday of the week following care. Any fees that remain unpaid will be forwarded to a Collection Agency & will incur Collection Costs.
- If you are receiving a WINZ subsidy your fees will be charged at the hours you have booked with us daily, absence fees will not apply.
- That notification will be given to the centre if my child is to be absent.
- If I need to change my permanently booked days I understand that I am to give one weeks' notice in writing in the form of a completed a change of circumstances form.
- If anyone other than a person listed on my enrolment form is to collect my child, I will notify the centre in writing. Forms are available from the centre.
- To give permission for my child to be taken to an alternative location eg civil defence centre in the event of an emergency situation.
- Supervisors may administer first aid if any injury occurs.
- To give permission for the centre Senior Supervisors to discuss my child with their school if the need arises.
- The Supervisors at the centre have my permission to arrange any necessary urgent medical treatment at my cost.
- I understand that I am required to complete a withdrawal form if I no longer require care. One week's notice is compulsory to withdraw from the programme.

All care will be taken to provide supervision of children attending the programme in accordance with programme policy and procedures. I acknowledge, in signing this form, that neither the staff nor management of the programme will be liable for any loss or damage (by way of accident, injury, theft or otherwise) arising out of attendance at the programme. I verify that all information given by the parent/caregiver is true and correct.

Name of parent/care-giver _____

Signature of parent/care-giver _____

Dated ___/___/___

Parent/caregiver Date of Birth ___/___/___

Office use only

WINZ Form completed Date completed _____ WINZ Client No: _____

EFL Added to Database Date ___/___/___ Completed by: _____

Programme use only

Child Induction Completed

Birthday added to diary

Quick Notes updated

Details checked (annually) Date ___/___/___ Checked by: _____

Date ___/___/___ Checked by: _____