



KIDS CLUB - WAITAKERE

Before School Care Enrolment form

Child(ren)'s details

Name(s)

Ages

Birthdate

1.....

.....

.....

2.....

.....

.....

3.....

.....

.....

Ethnicity

Enrolment details

Permanent/Casual (please circle)

Please circle the mornings you would like to enrol your child(ren)

Monday

Tuesday

Wednesday

Thursday

Friday

People authorized to drop off/collect your child(ren)

Mother's name _____

Home address _____

Telephone _____ (day) _____ (after hours) _____ (mobile)

Father's name _____

Home address (if different) _____

Telephone _____ (day) _____ (after hours) _____ (mobile)

Emergency contacts

Name _____ Relationship to child _____

Home Address _____

Telephone contact between 7.00am and 8.30am _____

Name _____ Relationship to child _____

Home Address _____

Telephone contact between 7.00am and 8.30am _____

Doctors details

Child(ren)'s doctor.....Telephone.....
Address.....

Additional Information

Does your child have any particular health needs we should be aware of?
Eg, allergies, food requirements, asthma, medical conditions, etc.

Is there anything else we should know about in order to take good care of your child(ren)? Eg, custody arrangements, special needs, behavioural issues, etc.

Parent contract

Please sign this contract to complete the 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.

I/we agree and acknowledge:

- I have read and understand the enrolment information.
- The supervisor has my permission to arrange any necessary urgent medical treatment at my cost.
- I will notify the supervisor of any changes to enrolment information in a timely fashion.
- I agree to pay fees as stipulated in the fees policy.
- I agree to allow my child to attend the Before School Care program understanding the care is provided by a Sole Charge staff member.

All care will be taken to provide supervision of children attending the programme in accordance with the programme policies and procedures.

Name of Parent: _____

Signature: _____ Dated _____

Privacy Act 1993: The information that you have supplied is necessary for the safe and effective operation of the OSCAR programme. All personal information requested will be destroyed at the completion of your child's time in the programme. You are welcome to review information pertaining to your child's enrolment at any time.