



KIDS CLUB - WAITAKERE

Before School Care Enrolment form

Child(ren)'s details

Name(s)

Ages

Birthdate

1.....

.....

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2.....

.....

.....

3.....

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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) _____ (mobile)

Email _____

Father's name _____

Home address (if different) _____

Telephone _____ (day) _____ (mobile)

Email _____

Emergency contacts - this must be completed with 2 contacts (not the above)

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 health needs we should be aware of?

Eg, allergies, food requirements, asthma, medical conditions, etc.

Is there anything else we should know about to take good care of your child(ren)?

Eg, custody arrangements, special needs, behaviour 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 information and enrolment procedures.
- I will notify the supervisor of any changes to enrolment information.
- The supervisor has my permission to arrange any necessary urgent medical treatment at my cost and to move my child/children in an emergency to a safer location.
- I agree to pay fees on the Friday of the week services are provided, as stipulated in the fees policy and information booklet, unless authorization has been given by the Director.
- You are charged for absences, public holidays, and teacher only days.
- I give permission for my child/children to be photographed for use on display at Kids Club Waitakere and on the Kids Club Waitakere Webpage on the Waitakere School Website, if required.
- I give permission for my child/children to be featured on the Kids Club facebook page, to enable us to keep you informed.

On signing this contract, you are agreeing to the website and facebook permission - YES or NO.

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

Name of Parent: _____

Signature: _____ Dated _____

Privacy Act 2020: 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.

Limited Confidentially Statement: MSD can review Kids Club Waitakere as part of our accreditation performing an audit visit and view personal information such as enrolment forms. Other Government Agencies may have access to information.