

WAITĀKIRI OSCAR

BEFORE & AFTER SCHOOL CARE ENROLMENT FORM

Child's Name:	1.	Year:	DOB:	Age:
Child's Name:	2.	Year:	DOB:	Age:
Child's Name:	3.	Year:	DOB:	Age:

Mother/Father or Parent/Guardian details:

Name:				
Address:				
Contact numbers:	Cell:	Work:	Home:	
Email address:	@			

Mother/Father or Parent/Guardian details:

Name:				
Address:				
Contact numbers:	Cell:	Work:	Home:	
Email address:	@			

Emergency Contacts: (Not parent or caregiver)

Name:		Relationship to child:	
Contact Numbers:	Cell:	Work/Home:	
Name:		Relationship to child:	
Contact Numbers:	Cell:	Work/Home:	

People authorised to collect your child:

1.	2.	3.	4.
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Additional required information:

Health/Allergies/Medical/dietary Needs:	
Doctor's Name:	
Medical Centre:	
Personal/Custody/family Information:	

I consent for multimedia of my child to be used for Waitākiri promotional purposes only, including our social media site. Yes No

Parent Contract:

1. I accept the policies and procedures of the programme, which are available to read on the sign out table.
2. I agree to pay all fees when invoiced fortnightly. Failure to do so will result in my child/ren removal from the roll until the debt is cleared.
3. I understand that my child/ren will abide by the programme rules and codes of behaviour. Failure to do so may result in removal from the programme.
4. The Supervisor is authorized to obtain any medical care deemed necessary and take my child to the nearest medical centre in a private vehicle if we are unable to be contacted.
5. I give my permission for my child/ren to leave the programme unaccompanied at and walk/bus/bike home.
I release the Programme from Duty of Care at this time.

Signature: _____ Date: / /

Days Required: PLEASE TICK

Monday	Tuesday	Wednesday	Thursday	Friday
BEFORE <input type="checkbox"/> AFTER <input type="checkbox"/>	BEFORE <input type="checkbox"/> AFTER <input type="checkbox"/>	BEFORE <input type="checkbox"/> AFTER <input type="checkbox"/>	BEFORE <input type="checkbox"/> AFTER <input type="checkbox"/>	BEFORE <input type="checkbox"/> AFTER <input type="checkbox"/>

CASUAL SPACE Yes/No **PERMANENT SPACE** Yes/No **Start date:** / /