

ENROLMENT FORM

KAURI FLATS AFTER SCHOOL CARE

CHILD'S FULL NAME	D.O.B	AGE	Rm No.	GENDER
1.....	M / F
2.....	M / F
3.....	M / F

ENROLMENT DETAILS (Please circle relevant sessions of care)

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY CASUAL CARE

AUTHORISED PERSONS FOR COLLECTION OF YOUR CHILD/REN

Parents/Caregivers:.....

Whanau/Others:.....

MOTHER'S (partner/caregiver's) **NAME:** _____

Home Address:.....

Contacts: Hm:.....Mb:.....Wk:.....

email:

FATHER'S (partner/caregiver's) **NAME:** _____

Home Address:.....

Contacts: Hm:.....Mb:.....Wk:.....

email:

EMERGENCY CONTACTS (Please provide 2 contacts that are not parents)

1. Name: _____ Relationship to child.....

Ph:.....Mb:.....

2. Name: _____ Relationship to child.....

Ph:.....Mb:.....

DOCTOR'S DETAILS

Family Doctor's Name/Centre: _____ Ph:.....

ETHNICITY (Optional – for the purpose of cultural awareness and planning)

.....

CULTURE & RELIGION (Optional - anything of a cultural/religious nature we should take into consideration)

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<p>MEDICAL INFORMATION – <i>Health/Medical needs we should be aware of (e.g. allergies, medical conditions, medication, toileting issues)</i></p>
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<p>ADDITIONAL INFORMATION – <i>Additional needs regarding your child's welfare that we should be aware of, (eg. custody issues, physical or behavioural needs)</i></p>

UNAUTHORISED PERSONS (If a parent is unauthorised to collect a child, evidence must be provided e.g. Custody or protection order)

_____ (Highlight)

PRIVACY ACT DECLARATION: *The information that you have provided is necessary for the safety, care, protection and management of your child/ren and the effective operation of the programme; this information has only been collected for that purpose. Management, Staff, Child, Youth & Family and The Ministry of Social Development will have approved access to this information, but it will remain otherwise, confidential and secure. Any signing parties will have access to this information at any time; however, this entire document remains the property of the After School Care Programme. Privacy Act (1993)*

I _____, parent/caregiver of _____
(name) (circle one) (child/ren's name)

have read and understood the 'Privacy Act Declaration' and have filled this enrolment document out completely; provided true, accurate and most recent information to the best of my ability. I agree to take full responsibility for notifying Management of any changes as soon as they arise, in order to keep this document current and up-to-date.

Signature: _____

Dated: _____

‘Conditions of Enrolment’ – Parental Agreement Contract

Payments & Accounts

- I/We agree to make full payment of a weeks fees, each week in advance and understand that payment is still required when my/our child/ren is/are absent for **any reason** and where Teachers Only Days, School Closure Days or Public Holidays fall on my/our child/ren’s registered day (excluding school term holidays).
- I/We understand that any failure to make full payment one week in advance incurs a \$10.00 **‘Penalty Fee’** each week that my/our account remains overdue, until the account is paid in full.
- I/We understand that if I/we have not settled my/our debt by the end of each term that I/we face **enrolment withdrawal** and will incur Debt Collection Agency costs.
- I/We agree to provide Management with at least two weeks notice if I/we wish to withdraw my/our child/ren from the Programme or reduce attendance and agree to pay the amount of two weeks fees if I/we fail to do so.
- I/We agree to inform Management **in writing**, two weeks in advance or a.s.a.p. if my/our child/ren will be absent for an **extended period of time** (family holiday, medical operations etc.), providing dates of leave and expected return. I/We also agree to pay the required fees owing during this period to secure my/our child/ren’s place or forfeit my/our **enrolment entitlement**.

All issues concerning payments and accounts are be directed to Sandy James

Fees Refund

- I/We understand that I/we am/are entitled to a refund of all monies in credit once any debts have been settled and considering I/we have provided the required amount of two weeks notice upon withdrawing my/our child/ren from the Programme.
- I/We understand that the After Care Programme can only provide a service if an agreement can be made with Kauri Flats School to lease a suitable space to operate a Programme at a reasonable rate; I/we understand that I/we am/are entitled to a refund of all monies in credit once any debts have been settled if for any reason the Programme cannot continue to operate as a service, for **any reason**.

Complaints Procedure

- I/We acknowledge that the After Care Programme has a **‘Complaints Procedure’** where official complaints can be expressed verbally and or in writing for Management to address.
- I/We understand and accept that all general complaints and concerns should be expressed to Staff a.s.a.p., but all concerns of a serious nature **must** be directed to the Manager.
- I/We understand that it is completely unacceptable to use violent and abusive behaviour to express any concerns or complaints and I/we accept that Police will be contacted in any instances of a serious misconduct.

Device & Internet Use Policy

- I/We acknowledge that the After Care Programme has an **‘Internet Safety Policy’** and I/we will need to sign the **‘Device & Internet Use’** Permission Form if I/we would like my/our child/ren to use their device during Programme hours an have access to the school cyber network.

Health & Safety Policies

- I/We acknowledge that the After Care Programme has a full and comprehensive set of '**Health & Safety Policies**' and any Health & Safety incident, accident and or emergency will be managed in the best interest of the child and to the best ability of trained and experienced Staff.
- I/We understand that **No** individual member of Staff will be liable for loss or damage by way of accident or injury arising out of general supervised attendance in the Programme.
- I/We accept that any expenses incurred in obtaining medical treatment for my/our child/ren in an emergency situation is my/our responsibility and agree to take care of the expenses a.s.a.p.
- I/We understand that if my/our child/ren is/are sick or unwell in any way while attending the After Care Programme, I/we will be contacted and expected to make arrangements to have my/our child/ren collected from the Programme a.s.a.p.
- I/We accept that in signing this agreement I/we give permission for Staff to apply **Basic First Aid** treatment if necessary and in the best interests of my child/ren.
- I/We understand that in the event of a *Civil Defense Emergency*, the After Care Programme will take responsibility and has provisions for overnight stays if necessary and my/our child/ren may be taken to a safer alternative location and I/we will receive notification if and when possible.

Risk Disclosure

The After Care Programme discloses that there are commonly occurring, everyday residual risks associated with children participating in such programmes and that although formal Risk Assessment and Risk Management is exercised at all times by the Programme Management, accidental misadventure cannot always be avoided.

- I/We acknowledge the disclosure above and accept that the After Care Programme cannot be held accountable for these accidents where all means of risk management have been employed.
- I/We also acknowledge that the After Care Programme cannot accept responsibility for loss of a child/ren's property including clothing, toys, phones, MP3 players, iPods, iPads, laptops, Tablets or other electronic devices.

Communication Disclosure

The After Care Programme discloses that on occasion Management and Staff may liaise with the staff at Kauri Flats School for the purpose of passing on relevant information and discussing matters in the best interest of the child/ren. The After Care Programme will comply with the 'Privacy Act' (1993)

- I/We acknowledge the disclosure above and accept that such communication is necessary in the best interest of my/our child/ren.
- I/We understand that upon signing this contract, I/we give authorisation for this communication to take place and I/we understand that communication can be avoided in advance at any time with my/our request a.s.a.p. to Management.

Child Protection Policy

- I/We acknowledge that the After Care Programme has a robust '**Child Protection Policy**' and Management and Staff have specific training on responding to suspicions, allegations and disclosures of abuse (physical, emotional or sexual) and neglect.
- I/We understand that the After Care Programme will report any suspicions, allegations or disclosures of abuse and or neglect, or any situations that may raise concerns about a child/ren in need of protection to the appropriate agencies as states in **Section 15 & 16** of the '**Children, Young Persons and Their Families Act**' (1989)

Signing Parties Obligations & Responsibilities

- I/We agree to collect my/our child/ren before 6pm and sign the appropriate register before I leave.
- I/We agree that if I/we am/are unable to collect my/our child/ren for **any reason**, that I/we will inform the Centre in advance on **021 170 2900** of who has been arranged to take my/our place.
- I/We agree that if I/we or any authorised persons will be collecting my/our child/ren later than 6pm due to circumstances beyond my/our control, I/we will inform Staff a.s.a.p. and offer an estimated time of arrival so my/our child/ren can be re-assured.
- I/We accept that if I/we am/are later than 5mins or I/we am/are late on a regular basis, I/we will be charged a **'Late Collection Fee'** of \$10 per quarter hour.
- I/We agree that if my/our child/ren is/are going to be absent from the Programme for **any reason** I/we will inform the Centre for each day of absence by phone or text message on **021 170 2900** before 3pm each day.
- I/We accept that if I/we fail to inform Staff that my/our child/ren will be absent from the Programme, that I/we will be charged a \$5 'Lost Child Fee' on my/our next account.
- I/We agree to notify Staff in writing if my/our child/ren will attend any outside school activities during operational hours, by completing an **'Activity Form'** and will accept that during this time, I/we will take full responsibility for their welfare until the time they report back to Staff and are signed in.

Management understands that on occasions parents may be late due to circumstances beyond their control, however, lateness is recorded daily and regular lateness is NOT acceptable. You must make alternative arrangements if 6pm is not a suitable collection time for you. The After Care Programme reserves the right to cancel your 'Enrolment' permanently if debt, lateness, inappropriate or abusive behaviour becomes an issue.

1. I have received a **'Parent Information'** Pamphlet and have carefully read over the information.
2. I have carefully read, fully comprehend and agree to all of the contractual conditions of enrolment stated in the **'Conditions of Enrolment' Parental Agreement Contract**.
3. I acknowledge that the After Care Programme **will** be an approved MSD Provider and **will** receive approval under the **MSD OSCAR Approval Standards**.

THESE CONDITIONS ARE TO ENSURE THE SAFETY AND WELL-BEING OF YOUR CHILD/REN AND YOU ARE ADVISED TO TAKE A COPY FOR YOURSELF.

Any questions relating to the Programme must be raised with Management prior to signing and Programme 'Policies and Procedures' can be viewed on request.

Name of Parents/Caregivers: _____

Signature of Parents/Caregivers: _____

Date: _____

Management Approval Signature: _____