

After School Care Enrolment Form

Child's Details

Name(s):	1)		D.O.B:	_ / _ / _	Gender (circle) M / F
	2)		D.O.B:	_ / _ / _	M / F
	3)		D.O.B:	_ / _ / _	M / F

Home Address: _____

Email: _____

Ethnic Identification: (please tick - optional)

<input type="checkbox"/> NZ European	<input type="checkbox"/> Maori	Iwi Affiliation _____
<input type="checkbox"/> Samoan	<input type="checkbox"/> Cook Island	Other (please specify) _____

Telephone: () _____ (day) () _____ (after hours)

Alternate Contact Number: _____ () _____ ()

Enrolment Details

Please indicate the regular days and hours the above children will be attending, or tick if casual:

Weekday	Monday	Tuesday	Wednesday	Thursday	Friday		Casual
Hours							

People authorised to collect your children from After School Care:

Name: _____

Name: _____

Name: _____

Name: _____

After School Care Enrolment Form

Family Details

Mother's Name: _____

Telephone: (____) _____ (day) (____) _____ (after hours)

Alternate Contact Number: _____ (____) _____ (____)

Father's Name: _____

Telephone: (____) _____ (day) (____) _____ (after hours)

Alternate Contact Number: _____ (____) _____ (____)

Emergency Contacts

Name: _____

Relationship to children: _____

Telephone: (____) _____ (day) (____) _____ (after hours)

Children's Doctor: _____

Medical Practice: _____

Telephone: (____) _____ (day)

Additional Information

Does your child have any particular needs that we should be aware of (eg Medication, Allergies, Dietary requirements, Cultural information)? Is there anything else we should know in order to take good care of your child? (Please tick box/es applicable).

- Medication (and dosage): _____
- Allergies: _____
- Dietary requirements: _____
- Cultural information: _____
- Other: _____

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Custody and Protection Orders

If a Custody Order or Protection Order is in place, a copy must be filed with the Programme. In the case of a Protection Order, the person with custody must also provide the following information:

Persons with right of access to the child: _____

Special access conditions: _____

Persons forbidden access to the child by law: _____

Description / photograph of barred persons: _____

If there are any specific fears of a breach of orders (particularly Protection Orders), please advise the Programme Supervisor. This is particularly relevant where there have been suggestions that a person may attempt to breach the order while the child is at school.

(please tick)

- I give permission for Programme staff to administer first aid, and seek emergency treatment if necessary.
- I give permission for Programme staff to administer the medications listed on Page 2. (strike out if no medication required)
- I have read and signed the Parent Contract / Information Sheet.

Signed: _____

Date: _____

Privacy Act 1993: The information that you have supplied is necessary for the safe and effective operation of the After School Care Programme. All personal information provided 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.