

## After School Care Enrolment Form

### Child's Details

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

Home Address: 

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Email: 

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Ethnic Identification: (please tick - optional)

NZ European   
  Maori   
 Iwi Affiliation 

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 Samoan   
  Cook Island   
 Other (please specify) 

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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	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>		<hr/>

People authorised to collect your children from After School Care:

Name: 

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Name: 

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Name: 

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Name: 

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# 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: \_\_\_\_\_  
\_\_\_\_\_

# After School Care Enrolment Form

## 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.**