

PUKETE NEIGHBOURHOOD HOUSE

OSCAR ENROLMENT FORM

Please Print Clearly

Code _____

Child(ren)'s Details:

First Name: _____

First Name: _____

Surname: _____

Surname : _____

Date of Birth: _____

Date Of Birth: _____

Gender: Male Female

Gender: Male Female

Ethnic Origin: _____ Iwi _____

Ethnic Origin: _____ Iwi _____

First Name: _____

First Name: _____

Surname: _____

Surname : _____

Date of Birth: _____

Date Of Birth: _____

Gender: Male Female

Gender: Male Female

Ethnic Origin: _____ Iwi _____

Ethnic Origin: _____ Iwi _____

Parent's/Guardian's Details:

Name: _____ Workplace : _____

Address: _____ Email (please print) _____

Work: _____ Home: _____ Cell: _____

Name: _____ Workplace: _____

Address: _____ Email (please print) _____

Work: _____ Home: _____ Cell: _____

Start Date: _____

School: _____

Care Required:

After School / Before School

Holiday Programme

Monday am pm

Tuesday am pm

Wednesday am pm

Thursday am pm

Friday am pm

Emergency Contact & People Authorised to collect (Not Parents):

Name: _____ Phone: _____ Relationship to child _____

Name: _____ Phone: _____ Relationship to child _____

Name: _____ Phone: _____ Relationship to child _____

Name: _____ Phone: _____ Relationship to child _____

Health Information:

Family Doctor's Name: _____

Health Centre: _____ Phone: _____

Does your child have any allergies/reactions to medication? Yes/No

Give Details: _____

Does your child have any allergies/reactions to food? Yes/No

Give Details: _____

Does your child have any chronic illnesses or take any regular medication? Yes/No

Give Details: _____

- I understand that my child/ren cannot attend the programme when they are sick.

Yes/No

- I understand that in the event of illness, if requested by staff, I must collect my child/ren within one hour. Please refer to our Health Policy for further clarification.

Yes/No

- In the event of a serious accident or illness, I give permission for staff to take appropriate action and will meet any costs incurred.

Yes/No

- Are there any Court Orders related to custody/access?

Yes/No

If yes, please attach a copy of the Order.

Consent Information:

I give permission for the programme staff to apply sunscreen to my child/ren. Yes/No

I give my consent for my Child/ren to be taken on supervised walks. Yes/No

I give permission for photographs to be taken of my child/ren when undertaking activities. Yes/No

Additional Information:

Please include any additional information you would like the Centre staff to be aware of:

Fee Policy:

I have received and have read the pamphlet and accept the fee payment requirements. I agree to pay my fees in full and understand that a failure to do so will result in withdrawal of my child from the programme. Payments will be made:

Weekly Fortnightly Monthly

Debt collection agencies will be contracted to recover any outstanding costs.

If a child does not co-operate the parent/guardian will be contacted. On arrival an explanation both verbal and written will be given by the OSCAR Manager. When behaviour issues arise I agree to work together with the OSCAR Staff to ensure a mutually positive outcome.

If any deliberate damage to the property is made by my child/ren I agree to pay for full repair.

Our Child Protection policy is available on our website www.puketehouse.org.nz

TRANSPORTING CHILDREN

Where children are travelling in private vehicles the vehicle must

- ◆ Have a current Registration and warrant of fitness
- ◆ The driver must have a full license and agree to adhere to the Traffic Regulations 1976 and it's amendments.
- ◆ Children must be wearing seat belts at all times under Land Transport (Road User) Amendment Rule (No 2) 2013.
- ◆ Private motor vehicles include courtesy vans and Taxi service that the Pukete Neighbourhood House uses.
- ◆ Children cycling on their own bike to and from the OSCAR programme will agree to adhere to the New Zealand Bike Code. Written consent must be provided by the parent before this can start.
- ◆ Excellent, quiet behaviour is required whilst travelling in the motor vehicles.

Transport Permission Slip:

I/We give permission for my child/children to be transported in a private motor vehicle when necessary.

Child/ren's Name: _____

Parent/Caregiver Signature: _____

Date: _____

I have signed the Transport Policy (OSCAR) Yes/No

I will advise the programme promptly of any changes to this enrolment contract.

Any changes to hours must be negotiated with the OSCAR Manager

I have read, discussed and clearly understand this contract. Yes/No

Signature of Parent or Guardian:

Signature of Supervisor:

Date: _____

Date: _____