



Glen Eden Community House



2019 OUT OF SCHOOL CARE PROGRAMME ENROLMENT FORM:

DoB

Full name of child			M / F
Full name of child			M / F
Full name of child			M / F
Full name of child			M / F

Ethnic origin of child/ren *Please tick*

<input type="checkbox"/> NZ European	<input type="checkbox"/> Niue	<input type="checkbox"/> Fijian	<input type="checkbox"/> Indian
<input type="checkbox"/> Other European	<input type="checkbox"/> Tongan	<input type="checkbox"/> Other Pacific Is	<input type="checkbox"/> Other Asian
<input type="checkbox"/> NZ Maori	<input type="checkbox"/> Cook Is Maori	<input type="checkbox"/> SE Asian	<input type="checkbox"/> Other
<input type="checkbox"/> Tokelauan	<input type="checkbox"/> Samoan	<input type="checkbox"/> Chinese	

Iwi affiliation if NZ Maori is ticked. Up to 3 iwi affiliations may be identified

Name of parent/caregiver:

Address: *(street number & name)*
(suburb)
(postcode)

Home phone: _____ Mobile number: _____

Email address: *(please write clearly)*

Second Emergency Name:

Relationship: *(to child)* _____ Mobile number: _____

School Information:

What School does your child/ren attend _____ Room Number _____

Starting Date: _____



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Pick up and drop off Information:	
Will your child/ren be walking home from the programme	Yes / No
If yes: What time do we sign your child/ren out of the programme	time

People Authorised to collect your Child/ren	
Name:	
Relationship: <i>(to child)</i>	Mobile number:
Name:	
Relationship: <i>(to child)</i>	Mobile number:
Name:	
Relationship: <i>(to child)</i>	Mobile number:

Medical Information:	
Does your child/ren suffer from any known medical conditions	Yes / No
If yes Please state the condition:	
Is your child/ren on any medication that needs to be administered while at the programme	
	Yes / No
Will your child/ren be administering this medication themselves	Yes / No
<i>Details of medication and dosage must be recorded on a Medical Consent Form and signed off at the end of each day. Please note medication must be clearly labeled with the child's name, time and amount of each dosage.</i>	

Are there any circumstances which we should be aware of in relation to your child/ren?
<i>Dietary needs, medical conditions, behavioral issues</i>



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Custodial Information	
Are there any custodial arrangements concerning your child/ren	Yes / No
If yes please give details of custodial arrangements or court orders <i>Copy of court orders made available to keep on file</i>	
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BEFORE SCHOOL CARE				
Are You enrolling your child/ren for the full week Monday to Friday				Yes / No
If no circle the days you are requiring:				
Monday	Tuesday	Wednesday	Thursday	Friday
Full Session	7am to 8.45 am	\$12.00 per day	Yes / No	
Half Session	8am to 8.45 am	\$9.00 per day	Yes / No	
Are you enrolling on a Casual Basis		\$14.00 per day	Yes / No	

AFTER SCHOOL CARE				
Are You enrolling your child/ren for the full week Monday to Friday				Yes / No
If no circle the days you are requiring:				
Monday	Tuesday	Wednesday	Thursday	Friday
Full Session	3pm to 6pm	\$14.00 per day	Yes / No	
Half Session	3pm to 4.30pm	\$11.00 per day	Yes / No	
Are you enrolling on a Casual Basis		\$16.00 per day	Yes / No	



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WINZ subsidies

Please return a copy of the proof of receipt from WINZ within one week of the date of this form being completed. If this is not received you will be expected to pay the programme fees.

Consent:

I give permission for my child/ren to attend the Glen Eden Community House Out of School Care Programme and do not hold the programme liable for any accidents (other than those arising from clear negligence) to my child in the programme care. In the event of an emergency, I give permission for the programme staff to carry out the programme's emergency policy to get my child the appropriate attention. I agree to pay any costs relating to the emergency care required for my child/ren i.e. Ambulance, Doctors fees etc.

I certify that the above information is an accurate and correct record

Signed: _____ Date _____

Privacy Statement:

The information collected on this form is for administration purposes and to send information on community house activities and future out of school care programmes. You have the right to access and correct your information, subject to the restrictions in the Privacy Act 1993. This information will be held at the Glen Eden Community House Office 13 Pisces Road GLEN EDEN. From time to time the Ministry of Social development may access this information.

As part of the programme photographs or video's may be taken these images remain the ownership of the Community House and may be used for advertising purposes. Please advise the Manager if you do not want your child/rens images used. Some of these images may be used on our Facebook page.

Office use only:

Check		
WINZ Declaration		
Fee Register		
Cash manager		
Emails data base		
Master List		