



Location: School's Out

APPLICATION IS MADE FOR THE ENROLMENT OF:

Child's full legal name _____ Preferred name _____

Date of birth _____ Male / Female _____ First day of attendance _____

Home Address _____ Post code _____

Person responsible for payment _____ Relationship to child _____

Billing address _____ Post code _____

Home phone _____ Cell _____ Work phone/ext _____

Email _____

Employer _____ Phone _____

Date of birth _____ Are you employed by BestStart? **Yes/No** Employee number _____

Principal Caregiver's name (if different to above):

Name _____ Relationship to child _____

Home Address _____

Home phone _____ Cell _____ Work phone/ext _____

Email _____

The names of two people, other than the principal caregiver stated above, who (by direction of a person who has custody of the child) are allowed to collect my child or should be consulted if the child is ill or injured or contacted in any emergency situation.

Name _____ Relationship to child _____

Home phone _____ Cell _____ Work phone/ext _____

Name _____ Relationship to child _____

Home phone _____ Cell _____ Work phone/ext _____

N.B.: No child will be given permission to leave the centre unless the person collecting the child is noted on this form. If the person is not on this form, a written letter signed by the parent must be presented to the supervisor.

CUSTODIAL STATEMENT

Do both parents have day to day care of the child? **Yes / No**

If NO, are there any parenting orders (custodial arrangements) concerning your child?

Names of any persons who are forbidden to have any contact or restricted contact to this child (*Please note: a court order needs to be sighted and a copy held on file in order for our centre to prohibit a parent/guardian from collecting his/her child.*)

Name _____ Court Order is on file? Yes No

PERMANENT SCHOOL TERM BOOKING: (Indicate days required below)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM Days Start Time					
PM Days Finish Time					

SCHOOL CHILD ATTENDS/WILL ATTEND _____ **ROOM NUMBER** _____

HOLIDAY PROGRAMME BOOKING ONLY:
Complete Booking Form:

HEALTH

Child's Doctor _____ Phone _____

In the unlikely event of a medical emergency, I understand my child will be taken to hospital in an ambulance if necessary – parents or a contact person will be notified immediately. All medical costs incurred are at the child's caregivers expense.

Any child with a fever, rash, sticky eyes, diarrhoea, or vomiting is required to stay home until 24 hours after symptoms settle.

I agree with the policies, and agree to adhere to them relating to my child regarding Infectious Diseases, Sick Children, Safe Pick Up and Access. **Yes / No**

I give permission for my child's head to be checked for head lice by the programme manager or assistant manager. I am aware that in the case of my child having head lice, s/he may be asked to stay home until treated. **Yes / No**

I give permission for Arnica Cream, Bepanthen or similar to be applied to bumps and bruises. **Yes / No**

I give permission for the staff to apply a N.Z. approved Sun block to my child. **Yes / No**

I give permission for my child to be given basic First Aid treatment by the staff. **Yes / No**

MEDICATION

The centre will administer medication to your child. For safety reasons, medication must be within the expiry date, and if prescribed by a doctor, it must have the correct child's name on it. All medication administered must be signed in the medication register by a parent or guardian. (See Administration of Medicine Policy)

Does your child have any allergies (food or otherwise), special difficulties, or health problems that the centre should be aware of? *Please provide details or discuss with the Programme Manager.* **Yes / No**

OSCAR SUBSIDY

Do you qualify for a subsidy? **Yes / No**

I understand that full fees will be charged until my subsidy is approved and if my child does not attend the full hours that I have applied for, I will be required to pay the fees incurred for the hours not attended.

I understand that, when my child leaves the programme, I will be responsible for cancelling my subsidy.

This School's Out Facility will not reimburse parents who do not stop the subsidy on the correct date.

FEES

I agree to pay one week's deposit in advance – refer payment agreement on last page.

I agree to pay fees, as per the current fee schedule, weekly in advance.

I understand that if on an OSCAR subsidy, the child must attend the hours I have applied for.

I agree to pay fees for the time booked whether my child attends or not, including Statutory Holidays and sick days.

I agree to pay a 10% penalty (based on the amount owing) if my fees become in arrears. Late payment of fees may result in your child's space being cancelled and all debt collection fees payable by the parent.

I agree to pay a late fee if my child/ren are left at the programme outside operating hours. This will be charged at the rate of \$25 per 15 minutes, with an instant fee of \$5.00.

I agree to the terms and conditions on the Programme's fee schedule.

I agree to give one week's notice in writing when changing or cancelling my child's booking.

I declare that the information I have provided is True and Correct.

In the event of fees being in arrears I acknowledge a late payment fee will be charged in accordance with the current fee schedule issued by the centre. Additionally I acknowledge I will be liable for interest on all outstanding amounts at the current rate and that all debt collection costs will be charged in addition to fees, interest and late payment charges.

The terms of this agreement are subject to the centre rules and regulations, and as such, rules and regulations may hereafter be amended from time to time.

Staff will do their best to ensure a safe experience for your child. However School's Out staff and volunteers will be free and clear of all liability in the event that any injury, damage or loss is sustained to your child or their personal effects.

My child has permission to participate in activities outside the centre which may include transport in a company approved vehicle. **Yes / No**

My child has permission to participate in swimming sessions. **Yes / No**
Swimming ability **non-confident / confident**

I give consent for photographs to be taken of my child for publicity purposes and/or Programme activities **Yes / No**

Signature of Principal caregiver _____ **Date** _____

Information provided by parents/guardians on this enrolment form is required for statistical purposes, MSD audits, to ensure contact in an emergency and to facilitate individual care and attention for your child. It is strictly confidential to this School's Out Facility and follows the principles of the Privacy Act 1993

PAYMENT AGREEMENT

Please note your booking is not confirmed until we receive this payment

Childs Name _____

\$_____ (one week's fees deposit) will be paid in advance before the first day of booking attendance.

Person Responsible for Payment _____

Signature _____ **Date** _____

Programme Supervisor to sign when payment is received _____

Date _____
