Freemans Bay Before & After School Care Programmes Enrolment Form

Child/Children`s details							
Name:		Age:		D.O.B.:			
Name:		Age:		D.O.B.:			
Name:		Age:		D.O.B.:			
(Please circle)		Permanent / Casual					
Before School Start date:		Monday	Tuesday	Wednesday	Thursday	Friday	
After School Start date:		Monday	Tuesday	Wednesday	Thursday	Friday	
Before & After School Start date:		Monday	Tuesday	Wednesday	Thursday	Friday	
Home address:							
Mother`s name:							
Father`s name:							
Mother`s work phone No:	Mobile No:		Home phone No:				
Father`s work phone No:	Mobile No:			Home phone No:			
Mother`s Email address:							
Father`s Email address:							

mergency contact	ts			
Name:	Relationship:		Phone No:	
Name:	Relationship:			
Custodial/Access Ro	estrictions:		Court Order Sighted Yes / No	
Other people author	rised to pick up your child/ch	ildren		
Name:			Relationship:	
Name:		Relationship:		
Name:		Relationship:		
Does your child have	any particular health and/or med d self-medicating (e.g. asthma, a	ical condit		
What country does yo	our child/family come from? What	anguage	s can your child/family speak?	
Ethnic:	Reli	Religion:		
What special ceremor	nies does your family celebrate?			
Is there anything else	we should know about in order t	o take god	od care of your child/children?	

Freemans Bay Before & After School Care Programmes Parent Contract and Information

Enrolment - Enrolment is finalized upon completion of an enrolment form and the signing of this sheet. Please inform staff of any relevant changes to your enrolment details. It is crucial we have up-to-date information.

Absences - Once your child's name is on the roll, we expect him/her to be at the Programme unless we have been notified by the parent/caregiver. Making a quick phone **call or text to 021 051 1976** before the programme starts. If we have not been notified and your child does not arrive we do EVERYTHING we can to locate her/him. Your child's safety is paramount to us!

Collecting your child - If a person arrives to collect your child whose name is not on your enrolment form, then we are obliged (for your child's safety) to keep your child in our care until you have been located for consent. Please remember that the programme closes at 6:00 pm.

Parents will be charged a late pick up fee of \$1 per minutes.

Signing your child in and out - Each day when you deliver your child (before school), you **must** sign your child in and when you collect your child (after school), you **must** sign your child out in the daily roll book. The supervisor will show you where this is. We need to know that your child has arrived and gone home safely.

Fees - To operate efficiently we require that fees be paid in advance weekly or as arranged with the supervisor.

Fees may be paid by cash, check, deposit or direct credit.

Bank account: 06-0199-0163236-00

Make checks payable to: `Freemans Bay After School Care`.

Receipts will be issued at time of payment.

Complaints - If you have any problems please approach the supervisor or the manager will be happy to assist you with your concerns.

Unwell children - We do not have the facilities to care for them. If a child becomes ill during programme hours, parents will be called and asked to collect them.

If your child requires any medication during the programmes please fill out an administration of medicines form these are available from the supervisor.

LIABILITY

Freemans Bay Before and After School Care Programmes are committed to providing a safe and caring environment for all children who attend, however there is always an element of risk involved with some activities. By enrolling in the Freemans Bay Before and After School Care Programmes you are assuming those risks and staff will not be held responsible for personal injury, loss or damage to belongings.

Privacy Act 1993: The information that you have supplied is necessary for the safe and effective operation of the programme. All personal information requested will be destroyed at the completion of your child's time in the programme. No information is shared except if it is required by legislation, e.g. Health and Safety Act or Child, Youth and Family Approval assessors. You are welcome to review information pertaining to your child's enrolment at any time.

If you have any questions about the programme or wish to see a copy of the programme policy prior to signing, please do not to hesitate to ask a member of staff.

I/We agree and acknowledge:

I have read and understand the above information.

The supervisor has my permission to arrange any necessary urgent medical treatment at my cost.

Name of parent:	
Signature of parent:	Date: