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| **STUDENT INFORMATION SHEET** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***CHILDRENS***  ***NAMES*** | | *1* |  | | | | | | | | | | | | | | | | | *Date of Birth* | | | | | | | *Rm. No.* | |  |
| *2* |  | | | | | | | | | | | | | | | | | *Date of Birth* | | | | | | | *Rm. No.* | |  |
| *3* |  | | | | | | | | | | | | | | | | | *Date of Birth* | | | | | | | *Rm. No.* | |  |
| **ADDRESS** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***PARENT EMAIL ADDRESS*** | | | | | | | | | | | | | | | | | | | | | | ***Start Date if New*** | | | | | | | |
| ***PERMANENT DAYS ATTENDING*** | | | | | ***Monday*** | | | | ***Tuesday*** | | | ***Wednesday*** | | | | | ***Thursday*** | | | | ***Friday*** | *Placement in these positions are to be confirmed as theremay be a waiting list or no available spaces if casually attending* | | | | | | | |
| *Before School Care tick days* | | | | |  | | | |  | | |  | | | | |  | | | |  |
| *After School Care tick days* | | | | |  | | | |  | | |  | | | | |  | | | |  |
|  | ***Casual Care*** *Attendance Only - Must be pre-booked* | | | | | | | | | | | | |  | | |  | | ***Holiday Care*** *Only - as per booking schedule* | | | | | | | | | | |
| ***Parent Caregivers Name*** | | | | | | *Relationship* | | | | *Address- if Different from Above* | | | | | | | | | | *Ph. Work* | | | | *Mobile Ph.* | | | | | |
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| ***Other Emergency Contacts*** | | | | | | *Relationship* | | | | | *Address- if Different from Above* | | | | | | | | | *Day Time Phone* | | | | | *Mobile Phone* | | | | |
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| ***PEOPLE AUTHORISED TO COLLECT YOUR CHILD/REN -*** *only named people below can collect your children– please include all names above* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Name* | | | | *Relationship* | | | |  | | | | |  | | *Name* | | | | | | | | | | | *Relationship* | |  | |
| *Name* | | | | *Relationship* | | | |  | | | | | *Name* | | | | | | | | | | | *Relationship* | |  | |
| *Name* | | | | *Relationship* | | | |  | | | | | *Name* | | | | | | | | | | | *Relationship* | |  | |
| *Name* | | | | *Relationship* | | | |  | | | | | *Name* | | | | | | | | | | | *Relationship* | |  | |
| *Name* | | | | *Relationship* | | | |  | | | | | *Name* | | | | | | | | | | | *Relationship* | |  | |
| ***OTHER INFORMATION*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Where there are Split Families, please advise Billing arrangements eg: One week mum Next week dad etc.*  *Do you need Separate Accounts* € *Yes* € *No* | | | | | | | | | | | | | | Is anyone forbidden by law to have access to the child who is named on this contract? € Yes € No  If YES, please provide a copy of the legal document that supports this claim. Supplied on (date) | | | | | | | | | | | | | | | |
|  | | |  | | |  | | | | | | | | | |  | | | | | | | | | | | | | |
| ***DOCTORS NAME*** | | |  | | | | ***PHONE NO.*** | | | | | | | | | | | ***ADDRESS*** | | | | | | | | | | | |
| **MEDICAL / ALLERGIES / DIET /BEHAVIOUR /MEDICATION**  *Is your child/ren on any permanent medication Yes*  *No*  *If your child is on medication that must be kept and/or administered at the Program, you are required to complete a separate MEDICAL CONSENT FORM*  Does your child/ren have any allergies or other medical conditions, (including ADHD), any special dietary needs, special needs or circumstances that we should be aware of  *Yes*  *No If Yes please specify below* | | | | | | | | | | | | | | **SWIMMING**  I give permission for Swimming in the School Pool or at the Beach€*Yes* € *No*  *Please note each childs Confidence in the Water*  *Name……………………………………Ability…………….………..*  *Name……………………………………Ability…………….………..*  *Name……………………………………Ability…………….………..* | | | | | | | | | | | | | | | |
| *In signing this Enrolment Form and Contract I hereby agree to abide by the Policies, Terms and Conditions of Whangaparaoa School Before/After School Care and Holiday Program. I acknowledge that the Whangaparaoa School Before / After School Care and Holiday program, or their management or staff, will not be liable for any loss or damage arising (by way of accident, injury, theft, or otherwise) from attendance at the Whangaparaoa School Before/After School and Holiday Programs. I give permission for my child to be taken to an alternative location (e.g. civil defense center) in the event of an emergency, and for my child to be transported if required. I give Whangaparaoa School Before/After School Care or Holiday program staff permission to administer or/ seek required medical or emergency treatment if required including but not limited to Ambulance, Doctor, Hospital, Dentist and accept responsibility for any expense incurred in obtaining such treatment. I agree to collect my children immediately for any illness, unacceptable or inappropriate behavior if requested. I agree to keep my sick child/ren at home until 24 hours after a fever has broken, vomiting or diarrhea has stopped, or medical treatment has started - unless there is a written notice from the doctor****.*** *I give permission for participation in any Appropriate Activities as determined by the Program Staff with consideration of Age and level of ability at Whangaparaoa School Before / After School Care or Holiday program.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Parent / Caregivers Signature:*** | | | | | | | | | | | | | | | | | | | | | | | ***Date*** | | | | | | |
| *Please ensure you continue to update this information as it changes.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Privacy Act 1993****: This information you have supplied is necessary for the safe and effective operation of the program. All personal information requested will be destroyed at the completion of your child’s time in the program. You are welcome to review information pertaining to your child’s enrolment at any time. 201805* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |