



# WHANGAPARAOA SCHOOL AFTER/BEFORE SCHOOL CARE 2014

## Student Information Sheet

<b>FAMILY NAME</b>						
<b>CHILDRENS NAMES</b>	1	Date of Birth		Rm. No.		
	2	Date of Birth		Rm. No.		
	3	Date of Birth		Rm. No.		
<b>ADDRESS</b>						
<b>Home Phone No.</b>		<b>Mobile No.</b>				
<b>Usual Collection point if not coming to After School Care:</b>						
<b>PERMANENT DAYS ATTENDING</b>			<b>Start Date if New</b>			
<b>Before School Care</b>		<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
(Circle days)						
<b>After School Care</b>		<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Tick Box if Casual</b>		<b>CASUAL ATTENDANCE ONLY</b>				
<b>Tick Box if Holiday Care</b>		<b>Holiday Care Only</b>				
<b>Parents / Caregivers</b>						
<b>Family Name</b>	<b>First Name</b>	<b>Relationship</b>	<b>Address- if Different from Above</b>		<b>Ph. Work</b>	<b>Mobile Ph.</b>
<b>Other Emergency Contacts</b>						
<b>Name</b>	<b>Relationship</b>	<b>Address- if Different from Above</b>		<b>Ph No.</b>	<b>Mobile No.</b>	
<b>People Authorised to Collect your child/ren</b>						
- only named people below will be able to collect your children- pls add your own name to below list						
<b>Name</b>	<b>Relationship</b>	<b>Name</b>	<b>Relationship</b>			
<b>Name</b>	<b>Relationship</b>	<b>Name</b>	<b>Relationship</b>			
<b>Name</b>	<b>Relationship</b>	<b>Name</b>	<b>Relationship</b>			
<b>Name</b>	<b>Relationship</b>	<b>Name</b>	<b>Relationship</b>			
<b>Name</b>	<b>Relationship</b>	<b>Name</b>	<b>Relationship</b>			
<b>Medical Information</b>						
<b>Doctor</b>				<b>Phone No.</b>		
<b>Allergies</b>						
<b>Medical Problems</b>						
<b>Medication</b>						
I give After School Care Permission to administer required medical treatment as stated above and below in 'Other Information' area: Signed						
<b>Permission For After School Activities - Must be circled and signed by parents/caregivers</b>						
<b>Swimming in School Pool (Or at beach with notification)</b>	<b>Yes</b>	<b>No</b>	<b>Signature</b>			
<b>My Child/ren is a competent swimmer</b>	<b>Name/s</b>		<b>Yes</b>	<b>No</b>		
	<b>Name/s</b>		<b>Yes</b>	<b>No</b>		
	<b>Name/s</b>		<b>Yes</b>	<b>No</b>		
<b>Other Information</b>						
Eg. Parental Access / Custody Issues - Other Authorised Names not written above - Special Needs / any other relevant information...						
<b>Parent / Caregivers Signature:</b>					<b>Date</b>	
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 programme. All personal information requested will be destroyed at the completion of the programme. You are welcome to review information pertaining to your child's enrolment at any time. 200901						



your child's time in