



AFTER SCHOOL PROGRAMME ENROLMENT FORM

Please ensure all information is completed before handing in your form

Child(ren)'s details

Names _____ Age(s) _____ School _____

1. _____

2. _____

3. _____

Ethnicity/Cultural Background: European Maori/Pacific Islander Other: _____

Enrolment details

Please circle the days you would like to enrol your child(ren)

Weeks 1-5

Monday Tuesday Wednesday Thursday Friday

Weeks 6-10

Monday Tuesday Wednesday Thursday Friday

Mother's name

Home address.....

Telephone: (day) (after hours) (mobile)

Email:.....

Fathers name.....

Home address.....
(if different)

Telephone: (day) (after hours) (mobile)

Email:.....

People authorised to collect your child(ren)

Emergency contacts

Name Relationship to child

Address.....

Telephone contact between 3.00-5.30pm

Name Relationship to child

Address.....

Telephone contact between 3.00-5.30pm

Doctor's details

Children's doctor Telephone

Address.....

Additional information

Does your child have any particular health needs we should be aware of? e.g. allergies, food requirements, asthma, medical conditions etc.

Is there anything else we should know about in order to take good care of your child(ren)? e.g. custody arrangements, special needs, behavioural issues etc.

I give permission for my child to participate in activities and acknowledge the refund policy (No refunds will be given unless an appropriate replacement is found).

Recognising staff will do their best to ensure a safe experience I acknowledge that THE LOTUS ENTERPRISE SCHOOL STAFF, WILL BE FREE AND CLEAR OF ALL LIABILITY IN THE EVENT THAT ANY INJURY, DAMAGE OR LOSS IS SUSTAINED BY MY CHILD OR TO THEIR PERSONAL EFFECTS.

Parent contract

Please sign this contract to complete enrolment. If you have any questions about the programme or wish to see a copy of the programme policies prior to signing, please do not hesitate to ask a member of staff.

I/we agree and acknowledge:

- I have read and understand the enrolment information.
- The supervisor has my permission to arrange any necessary urgent medical treatment at my cost.
- I will notify the supervisor of any changes to enrolment information in a timely fashion.
- I agree to pay fees as stipulated in the fees policy.
- I agree that the child/ren mentioned above has permission to be transported to the ASP venue.
- I agree that the above child(ren) will follow any reasonable instruction from the After School Programme staff, any difficulties with this may require an evaluation of continuing in the programme.
- I agree that if we do not collect the above child/ren by 5.30pm on any day during the programme, that an additional fee may be charged.

Name of parent:

Signature of parent: Dated:

Kidz Inc would like to use your contact details to inform you of other Kidz Inc OSCAR's programmes it runs that you may want to enrol your child/ren outside the School Holiday Programme times. If you do not wish for your details to be used please check the box.

Privacy Act 1993: The information you have supplied is necessary for the safe and effective operation of the OSCAR programme. All personal information requested will be destroyed at the completion of your child's time in the programme. You are welcome to review information pertaining to your child's enrolment at any time.



AFTER SCHOOL PROGRAMME
FEES SCHEDULE

CASUAL PLAN RATES:	
Onsite Child Rate	
\$10.00/Session per child	
Offsite Child Rate	
\$12.50/Session per child (includes transportation costs to venue)	
Number of Days/Week Total:	
I want to pay cash/cheque on enrolment (please circle):	YES NO
I want to pay by internet and direct credit (please circle):	YES NO
Total cash/cheque/direct credit: Amount \$ _____	
Will you be seeking a WINZ Childcare Subsidy:	YES NO
(OSCAR Subsidies are only available for Macandrew Bay and North East Valley ASP)	
CHEQUES ARE TO BE MADE OUT TO: KIDZ INC. POSTAL ADDRESS IS: PO BOX 6147 DUNEDIN NORTH 9059 DIRECT CREDIT: Lotus Enterprise School Westpac Banking Corporation 03 0905 0266102 000	
Signed: _____	
Print Name: _____	
Date: _____	