

**Koraunui Care Centre
Enrolment Form**

PLEASE PRINT YOUR INFORMATION

Child's Name: _____

Date of Birth: _____ Room No: _____

Child's Name: _____

Date of Birth: _____ Room No: _____

Child's Name: _____

Date of Birth: _____ Room No: _____

FAMILY DETAILS

Caregiver 1 Name: _____

Home Address: _____

Daytime Contact Number: _____ Cell Phone _____

Evening Contact Number: _____

Relationship to Child/ren: _____

Caregiver 2 Name: _____

Home Address (if different from above) _____

Daytime Contact Number: _____ Cell Phone _____

Evening Contact Number: _____

Relationship to Child/ren: _____

PEOPLE AUTHORISED TO COLLECT YOUR CHILD/REN

Name: _____

Name: _____

Name: _____

Start Date:
MOP:
UAR:
Photo:
Other:
OFFICE USE ONLY

TWO EMERGENCY CONTACTS OTHER THAN PARENTS (THIS IS A LEGAL REQUIREMENT)

Name: _____

Contact Number: _____ Relationship to Child/ren: _____

Name: _____

Contact Number: _____ Relationship to Child/ren: _____

Doctor's Name: _____ Contact No: _____

ADDITIONAL INFORMATION

Medical Instructions:

Does your child have any health needs that may require special attention?

Are there any special instructions regarding access?

Is there anything else we should know about in order to take good care of your child/ren?

UNACCOMPANIED RELEASE:

I authorise Korauui Care Centre to release my child/ren to walk/ride home on their own or leave KCC to attend a sports practice etc. I am aware that it is my responsibility to contact the Care Centre when I wish this to happen and I acknowledge that neither the staff nor management of the programme will be liable for any loss, damage (by way of accident, injury, theft or otherwise) arising from this authorization.

Name of Caregiver: _____

Signature of Caregiver: _____

DIGITAL IMAGE PERMISSION:

During the programme, photos of your child/ren may be taken and used in the school newsletter, local newspaper items, the school website and wider publications ie the OSCAR newsletter which is available nationwide. Do you give permission for such photos to be used?

I do/do not give permission for photos of my child/ren to be used for the above publications.

Signature: _____ Date: _____

METHOD OF PAYMENT

Our charges are \$10 for the afternoon session, \$50.00 for the week and \$5.00 for the morning session, \$25.00 for the week and \$13.00 a day if your child attends both the morning and afternoon session in the same day, \$65.00 for the whole week. There is a \$10.00 a session charge for casual bookings. You are charged for the sessions you are booked in for, whether or not your child attends (this includes public holidays). Any charges incurred in recovering outstanding fees will be passed on to the parent/caregiver.

Please indicate your method of payment and which day this will begin. If you require a WINZ form, please let the Supervisor know. If you require an automatic payment form, please let the Supervisor know.

WINZ **CASH/CHEQUE** **AUTOMATIC PAYMENT** **OTHER: _____**

DAYS OF CARE REQUESTED:

Please indicate which sessions you would like your child to attend:

Morning	Mon	Tues	Wed	Thur	Fri
Afternoon	Mon	Tues	Wed	Thur	Fri

I AGREE AND ACKNOWLEDGE:

- I have read and understood the above information
- The Supervisor has my permission to arrange any necessary urgent medical treatment at my cost

All care will be taken to provide supervision of children attending the programme in accordance with the programme policy and procedures. I can at any time, read the full policies that are available at Care Centre. I am aware of the late fee applicable should I not pick up my child/ren by 5.45pm and that any charges incurred in recovering outstanding fees will be passed on to the me.

I acknowledge however, in signing this form, that neither the staff nor management of the programme will be liable for any loss or damage (by way of accident, injury, theft or otherwise) arising out of attendance at the programme.

Name of Caregiver: _____

Signature of Caregiver: _____

Date: _____