Koraunui Care Centre
Enrolment Form

Photo	Yes	No
Allergies	Yes	No
P Orders	Yes	No
S or N	Yes	No
Inhaler	Yes	No
Medical	Yes	No
Sunblock	Yes	No

OFFICE USE ONLY

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: _____

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

Name: _____ Name:_____

Contact Number: _____ Contact Number: _____

Relationship to Child/ren: _____ 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 Koraunui 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 i.e. 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: _____

SOLE CHARGE STAFFING

During the programme when numbers are 7 or lower, we may only have one staff member on duty. In the case of an emergency there will be a back-up person available at short notice. Please sign below to indicate you\ have read and understood this.

Name of Caregiver _____

Signature of Caregiver _____

CAMERA USEAGE FOR SECURITY

A security camera will be operating during sessions at the KCC for the safety of children and staff, especially when only one staff member is on duty. As per our policies the footage will only be used for the following: -

- Access is strictly limited to authorised personnel.
- The School Privacy Officer (Principal) is responsible for oversight of the CCTV system
- Access is restricted to the Privacy Officer and appointed system managers
- Footage is accessed only:
- To investigate incidents involving safety, crime, or property damage
- When legally required

SUNBLOCK USAGE

Over the summer months we will apply sunblock if children are to be outside in the sun. Parents must advise the supervisor if their child has any skin allergies and so they can supply their own sunblock.

I am happy for my child to use the KCC sunblock YES / NO

I will supply my own sunblock YES / NO

METHOD OF PAYMENT

Our charges are $12.00 for the afternoon session, $60.00 for the week and $7.00 for the morning session, $35.00 for the week and $17.00 a day if your child attends both the morning and afternoon session in the same day, $85.00 for the whole week. There is a $14.00 a session charge for casual afternoon bookings and $9.00 for morning sessions. If you have a permanent booking, you will be charged for the sessions your child/ren is/are booked in for, whether or not they attend (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 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

Start date _____

*It is a requirement that if your child is attending a morning session you must advise us if they are going to be absent.

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 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: _____

Any personal information supplied will be kept secure and will not be disclosed to any third party. Any personal information supplied will only be used for the purpose for which it was provided or permitted by the Privacy Act 2020 or otherwise required by law. We may share this information with Te Kahui Kahu, who regularly audits our organisation in order to meet the requirements of OSCAR Accreditation, in line with the Privacy Act 2020, personal information required to be utilised that relate to any unpaid fees, can be passed to a debt collection agency and/or department of courts.

We collect your personal information in order to provide care for your child/red in our OSCAR programme. Besides our staff, we may share this information with Te Kahui Kahu, who regularly audits our organisation in order to meet the requirements of OSCAR Accreditation.
We keep your information safe by storing it securely and only allowing our programme managers,co Ordinator and school Principal to access it.
We keep your information for as long as you are using our programme at which point we securely destroy it by erasing all digital records and paper records
You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you'd like to ask for a copy of your information, or to have it corrected, please contact us