

Little Legends Pukete OSCAR Programme Enrolment Form

Child/ren's details:

	Name(s)	Date of Birth	Room No.	M/F
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Home Address: _____

Enrolment Details: (please write in each box the times you wish to book) e.g. 3 - 4.30pm

Start Date: _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School 7.30 - 9.00am					
After School 3.00 - 5.30pm					

Parent/ Whānau Details:

Caregiver Name: _____

Phone: _____(day) _____(after hours) _____(mobile)

Email Address: _____

Place of work/ occupation: _____

Caregiver Name: _____

Phone: _____(day) _____(after hours) _____(mobile)

Email Address: _____

Place of work/ occupation: _____

Doctor's Details:

Children's Doctor: _____ Telephone: _____

Address: _____

Alternative Contact: (Someone other than family listed over)

Name: _____ Relationship to child: _____

Address: _____

Phone: _____ (day) _____ (after hours) _____ (mobile)

Name: _____ Relationship to child: _____

Address: _____

Phone: _____ (day) _____ (after hours) _____ (mobile)

Name: _____ Relationship to child: _____

Address: _____

Phone: _____ (day) _____ (after hours) _____ (mobile)

Other people authorized to collect your children: _____

Person/s who cannot pick up your child: _____

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? (e.g. custody arrangements, special needs, behavioural issues etc.) _____

Extra Information:
▪ I give / do not give (delete one) permission for my child to interact with the animals at Little Legends
▪ I give / do not give (delete one) permission for photographs of my child to be displayed at Little Legends
▪ I give / do not give (delete one) permission for photographs of my child to be used (i.e. Facebook, Instagram, our website or other relevant websites) relating to Little Legends
▪ I give / do not give (delete one) permission for my child to be taken to the doctor or hospital in an ambulance in the case of an emergency.
▪ I agree / do not agree (delete one) that when dropping my child off at Little Legends OSCAR I will park in the area designated as suitable by the centre management and escort my child into the centre building and advise a staff member of my arrival before leaving my child in Little Legends OSCAR custody
▪ I agree / do not agree (delete one) that no unauthorized person is permitted to pick up my child unless full notification is received by the senior teacher from a parent or guardian prior to pick up
▪ I understand / do not understand (delete one) that there is no reduction in fees for absence. The full weekly fee is payable at all times
▪ I understand / do not understand (delete one) that irrespective of any arrangement with any third party (e.g. other adult, income support services, accident insurance, trusts or budget services, etc.) to pay the fees. The full responsibility to pay remains with me
▪ I understand / do not understand (delete one) that the fee policy is subject to change and understand and agree to the current policy attached to this form
▪ I will / will not (delete one) notify staff immediately if there are any changes to the information on this enrolment form
▪ I agree / do not agree (delete one) that the Little Legends OSCAR reserves the right to add, amend, clarify or delete terms, conditions or policies by posting/emailing notifications

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 understood the enrolment information
- The supervisor has my permission to arrange any 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

All care will be taken to provide supervision of children attending the programme in accordance with programme policies and procedures.

Name of parent: _____

Signature of parent: _____ Dated: _____

Privacy Act 2020: The information that 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. From time to time the Ministry of Social Development may view the information for Audit and Funding purposes.