



# Papakowhai School

Learning Together



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## PAPAKOWHAI AFTER SCHOOL CARE PROGRAMME

### ENROLMENT FORM - 2017

#### CHILD(REN)'S DETAILS

Family Name: \_\_\_\_\_

#### Children's Name(s):

1: \_\_\_\_\_ D.O.B./Age: \_\_\_\_\_ Class \_\_\_\_\_

2: \_\_\_\_\_ D.O.B./Age: \_\_\_\_\_ Class \_\_\_\_\_

3: \_\_\_\_\_ D.O.B./Age: \_\_\_\_\_ Class \_\_\_\_\_

Home Address: \_\_\_\_\_

#### Telephone:

Daytime: \_\_\_\_\_ After-hours: \_\_\_\_\_ Mobile: \_\_\_\_\_

#### ENROLMENT DETAILS

Days Enrolled For: (Please circle)      **Mon.**    **Tues.**    **Wed.**    **Thurs.**    **Fri.**

Pickup time (Estimated):                      \_\_\_\_\_

Start Date: \_\_\_\_\_

#### PEOPLE AUTHORISED TO PICK UP YOUR CHILD/REN

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

#### PEOPLE NOT AUTHORISED TO PICK UP YOUR CHILDREN

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**FAMILY DETAILS**

**Mothers Name OR Caregivers:** \_\_\_\_\_

**Phone No:** \_\_\_\_\_ (day) \_\_\_\_\_ (Mobile) \_\_\_\_\_ (After-hours)

**Fathers Name OR Caregivers:** \_\_\_\_\_

**Phone No (day):** \_\_\_\_\_ (After-hours) \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**EMERGENCY CONTACTS BETWEEN 3pm & 6pm.**

**Name:** \_\_\_\_\_

**Relationship To Child/ren:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Relationship To Child/ren:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**CHILD/RENS DOCTOR:** \_\_\_\_\_

**Medical Centre:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**ADDITIONAL INFORMATION**

- **DOES YOUR CHILD/REN HAVE ANY PARTICULAR HEALTH NEEDS WE SHOULD BE AWARE OF? If so, please complete the medical form below.**
- **IS THERE ANYTHING ELSE WE SHOULD KNOW ABOUT IN ORDER TO TAKE CARE OF YOUR CHILD/REN?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Privacy Act 1993:** The information that you have supplied is necessary for the safe and effective operation of the After School Care 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.

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## PAPAKOWHAI AFTER SCHOOL CARE

### HEALTH FORM

Name of Child: \_\_\_\_\_

**Any Health issues, or allergies, that we should be aware of ?**

eg asthma, diabetes, seizures, hearing problems, heart, bee stings, food items, etc.

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**Regular medication if required:**

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**Please advise which medicines you consent to being administered if required:**

eg. Panadol, Disprin, etc.

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Signed: \_\_\_\_\_

Date	Time	Name of Medicine	Dosage	Name of staff administering medicine	Signature of staff member	Parent Signature

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## PAPAKOWHAI AFTER SCHOOL CARE

### ADMINISTERING FIRST AID

Do you consent to First Aid being administered to your child/ren?    YES    NO

\_\_\_\_\_

If there is a minor injury we need permission to administer first aid.

In the event of a more serious injury we would contact parents/caregivers by emergency contact numbers.

In the event of a life threatening injury we would call an ambulance.

Parent / Caregivers Signature: \_\_\_\_\_

Child / Childrens Names: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_