



Papakowhai School

Learning Together



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PAPAKOWHAI BEFORE 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.

Start Date: _____

Please note: Before School Care runs from 7:30am - 8:30am. The cost is \$8 per session.

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 7.30am - 8.30am.

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.

This only needs to be completed if not done for After School Care

(3)

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.

Regular medication if required:

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

eg. Panadol, Disprin, etc.

Signed: _____

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

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You are welcome to review information pertaining to your child's enrolment at any time.

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: _____