



# Papakowhai School

Learning Together



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## PAPAKOWHAI BEFORE AND/OR AFTER SCHOOL CARE ENROLMENT FORM - 2019

### CHILD(REN)'S DETAILS

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

### Children's Name(s):

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

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

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

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

### ENROLMENT DETAILS - PLEASE CIRCLE BSC/ASC OR BOTH AND INDICATE DAYS/TIMES AS REQUESTED BELOW

Start date \_\_\_\_\_

BSC - Enrolled For: (Please circle)      Mon.    Tues.    Wed.    Thurs.    Fri.

ASC - Enrolled For: (Please circle)      Mon.    Tues.    Wed.    Thurs.    Fri.

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

### 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) \_\_\_\_\_ (After-hours)

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**EMERGENCY CONTACTS BETWEEN 3pm & 6pm (other than parents/caregivers).**

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

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

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

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

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

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

**ADDITIONAL INFORMATION**

- IS THERE ANYTHING ELSE WE SHOULD KNOW ABOUT IN ORDER TO TAKE CARE OF YOUR CHILD/REN?

\_\_\_\_\_  
\_\_\_\_\_

**INVOICES** Please circle below your preferred method of receiving invoices and complete the email address you would like us to use for this purpose (if this option is chosen).

By email \_\_\_\_\_

Delivered to child in class

Collect from ASC

## PAPAKOWHAI AFTER SCHOOL CARE

### HEALTH FORM

Name/s of Child/ren: \_\_\_\_\_

**Any health issues that we should be aware of or regular medication needed?**

eg asthma, diabetes, seizures, hearing problems, allergies, bee stings, food intolerances, etc.

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

In the event of a more serious injury we would contact parents/caregivers and/or an ambulance if necessary.

Please advise which medicines you consent to being administered if required for headache, sore throat etc: eg. Panadol, Nurofen, etc.

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

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

**Privacy Act 1993:** The information that you have supplied is necessary for the safe and effective operation of the Before and After School Care programmes. It will not be shared without consent, unless required by legislation. All personal information requested will be destroyed at the completion of your child/rens time in the programme.

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