

Enrolment Form 2010

Before and After School Programme

**mission
kids**

ADVENTURES AFTER SCHOOL

1. Children's details

Name _____

Name child is known by _____

Gender _____

D.O.B ____ / ____ / ____ Ethnicity _____

Iwi affiliation _____

Home address _____

Home phone _____

Email Address _____

2. Parents' details

Mother

Name _____

Place of Work _____

Work Phone _____ Mobile _____

Address _____

Occupation _____

Hours of work (ie. 9am-5pm) _____

Father

Name _____

Place of Work _____

Work Phone _____ Mobile _____

Address _____

Occupation _____

Hours of work (ie. 9am-5pm) _____

3. School details

Teacher's name _____

Classroom number ____ Whanau group _____

4. Medical details

Doctor's name _____

Phone number _____

Medical conditions (ie. allergies or food restrictions)

5. Personal details

Is there any personal information we should know?

e.g. parents separated, dual custody or special needs etc

6. Emergency details

Emergency contact person _____

Relationship to child _____

Address _____

Phone number _____

7. Authorised pick up details

Name _____ Phone _____

Name _____ Phone _____

8. Enrolment details (please tick)

	Mon	Tues	Wed	Thurs	Fri
Before School 7-8am					
After School 3-4pm					
After School 3-6pm					

Starting date: ____ / ____ / ____

9. Extramural Activities

Chosen Activities _____

Preferred times _____

10. Legal disclaimer

I/we have read and agree to the Terms & Conditions of the before and after school care programme.

I/we agree to inform the programme immediately of any changes to enrolment information.

I/we give permission for staff to treat our child for minor injuries. In the event of a serious accident, I understand that an ambulance will be called at our expense.

I/we give permission for staff to apply sunscreen to our child during the summer months.

I/we agree that while every care is taken to ensure the safety of the children at all times, the staff and management of this programme and the Mission Heights Primary & Junior College School Boards do not accept responsibility or personal liability in respect of any act arising out of any session or activity of the programme.

I/we acknowledge that photographs of my child or items of my child's work completed at Mission Kids before or after school programme may be used at a later date for marketing and promotional purposes and I/we hereby give my/our consent. No further permission will be required.

Signature _____

Date ____ / ____ / ____

Privacy Act 1993: The information that you have supplied is necessary for the safe and effective operation of the Mission Kids Before & 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.