



# Kids Club

13 Russell Street, Waipukurau. 4200 Phone: (06) 858 7405

## ENROLMENT APPLICATION

**Child's Name:** .....

Date of birth: ...../...../..... Male / Female

Ethnicity: ..... IWI: .....

School: .....

**Mother or Guardian:** .....

Address: .....

..... Postcode: .....

Home phone: ..... Email address: .....

Cell phone: ..... Occupation: .....

Work phone: ..... Work place: .....

**Father or Guardian:** .....

Address: .....

..... Postcode: .....

Home phone: ..... Email address: .....

Cell phone: ..... Occupation: .....

Work phone: ..... Work place: .....

**Person who could collect my child in case of emergency:**

Name: ..... Phone: .....

Preferred primary contact:  Mother  Father  Emergency person

Please name other people who are authorised by you, or by a court, to collect or **not** collect your child from the centre.

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**Child's doctor:** ..... Phone: .....

Address: .....

Information concerning health, medication, allergies etc:

.....  
.....  
.....

**Immunisations:** Please tick if your child is **immunised**  **not immunised**

Is there any additional information staff should be aware of? .....  
.....  
.....

**Medication:** In the event of an accident, do you authorise Scallywaggs staff to seek medical advice and/or treatment at your expense? Yes / No

Signed.....

**Excursions:** Do you give permission for your child to leave the centre for walks and spontaneous outings? Yes / No

Do you give permission for your child to travel in a private vehicle to a venue? Yes / No

Do you give permission for your child to go swimming? Yes / No

Do you give permission for your child to be photographed and for photos to be displayed at the centre? Yes / No

- We require prompt return of this enrolment form to ensure your child's space is reserved.
- We require enrolment forms to be kept updated and an emergency contact be available.
- We require parents to sign the register each day their child attends.
- We reserve the right to exclude your child from the centre if fees are not paid in full.
- Information about Scallywaggs philosophy, policies, procedures and the latest ERO report is available from the office.

- I agree not to bring my child to Scallywaggs in the event of sickness, an infectious illness e.g. vomiting and/or diarrhoea (exclusion 48 hours after symptoms cease), measles, conjunctivitis, etc., or if infected with head lice.
- I agree to abide by Scallywaggs policies, and understand information about policy reviews and consultation processes will be published in the monthly newsletter.
- I agree to give Scallywaggs 2 weeks paid notice when withdrawing my child from care.
- I agree to pay fees weekly/fortnight from my child's first day.

Signed..... Date.....