

Pukeko OSCAR Pakuranga Heights

Enrolment form

Child's details:Child's official **surname** or **family name**:Child's official **given name**:Child's **preferred name**:Child's date of birth: **D D / M M / Y Y Y Y** Child's sex (please circle): **Male** **Female**

Please tick the boxes below for the sessions you would like your child to attend:

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
After School					

What date would you like your child to start? _____

Child's home address:

Parent/Caregiver details 1**Name:**

Relationship to parent:

Home address:

Same as child:

Home phone:

Daytime/Work phone:

Mobile phone:

Email address:

May we email you your invoice? (please circle) Yes / No

Parent/Caregiver details 2**Name:**

Relationship to child:

Home address:

Same as child:

Home phone:

Daytime phone:

Mobile phone:

Email address:

Allowed to collect? (Please circle) Yes / No

Emergency Contact 1**Name:**

Relationship to child:

Home phone:

Mobile phone:

Email address:

Allowed to collect? (Please circle) Yes / No

Emergency Contact 2
Name:
Relationship to child:
Home phone:
Mobile phone:
Email address:
Allowed to collect? (Please circle) Yes / No
Additional Information
Does your child have any health needs we should be aware of? (e.g. allergies, food requirements, asthma etc)
Is there anything else we should be aware of in order to take good care of your child? (e.g. Custody arrangements, behavioural issues, emotional triggers etc.)
Is there anybody who has strict no contact with the child? Yes / No If yes, please provide the name:
Media
I give permission for photos of my child to be posted on the Pukeko OSCAR Website, Facebook page and Instagram account. (Please circle) Yes / No
Parent/Caregiver contract:
Please sign this contract to complete enrolment. If you have any questions about the programme please do not hesitate to ask a member of staff. I/we agree and acknowledge that: <ul style="list-style-type: none"> • I have read and understand the enrolment information. • The supervisor has my permission to arrange any necessary medical treatment at my cost • I will notify the supervisor of any changes to enrolment information at least a week before the changes are to take effect, in writing. If your child is enrolled for a session, we expect him/her to attend the programme, and a fee will be charged for that day even when absent. • The duty of care of your child is transferred to our programme once signed in and back to the parent/caregiver once signed out. • I agree to pay fees as stipulated, any collection costs at my cost • All care will be taken to provide supervision of children attending the programme in accordance with programme policies and procedures.
Parent/Caregiver Name: _____ Signature: _____ Date: _____
Please scan and email this form to: Pukekooffice@gmail.com Or drop it in to Pukeko Preschool Pakuranga Heights, 77 Udys Road Or phone 09 576 4822 if you have any questions!
Privacy Act 1993: The information that you have supplied is necessary for the safe and effective operation of the OSCAR programme. You are welcome to review information pertaining to your child's enrolment at any time.