

# Parua Bay School

## Before/After School Care Enrolment Form



This service is for students of Parua Bay School and Whangarei Heads School.

All information provided will be kept confidential and will be used for the purposes of maintaining effective contact with children's parents/caregiver, managing emergencies, or health and safety matters.

Information will not be shared with any third party except with parent/caregiver's permission, or as required by legislation. It is the responsibility of parents/caregiver to ensure this information is always current. **Please contact the After School Care Administrator immediately should there be any change in your enrolment details.**

### CHILD'S DETAILS

Child's Name: \_\_\_\_\_ D.o.B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

School: Parua Bay / Whangarei Heads (*please circle*) Room No. at PBS: \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.o.B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

School: Parua Bay / Whangarei Heads (*please circle*) Room No. at PBS: \_\_\_\_\_

### PARENT/CAREGIVER DETAILS:

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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

Place of Work: \_\_\_\_\_ Work phone: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

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

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

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

Place of Work: \_\_\_\_\_ Work phone: \_\_\_\_\_

Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

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

### EMERGENCY CONTACTS:

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home or Work phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Home or Work phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_

## PEOPLE AUTHORISED TO COLLECT YOUR CHILD

Name	Phone Number

Please let us know if anyone other than persons named on your enrolment form will be collecting your child. Details must be notified to the After School Care Administrator, in advance.

Please advise the After School Care Administrator if there is someone who **CANNOT** have access to your child/ren.

## DAYS OF ENROLMENT

### BEFORE SCHOOL CARE

Before School - Service 1	7:00am - 8:45am (please tick the days your child will be attending)				
Child's Name:	Mon	Tues	Weds	Thurs	Fri

Before School - Service 2	7:30am - 8:45am (please tick the days your child will be attending)				
Child's Name:	Mon	Tues	Weds	Thurs	Fri

I will require collection from Whangarei Heads School

### AFTER SCHOOL CARE

After School - Service 1	2:45pm - 4:30pm (please tick the days your child will be attending)				
Child's Name:	Mon	Tues	Weds	Thurs	Fri

<b>After School - Service 2</b>	<b>2:45pm - 5:30pm</b> (please tick the days your child will be attending)				
<b>Child's Name:</b>	<b>Mon</b>	<b>Tues</b>	<b>Weds</b>	<b>Thurs</b>	<b>Fri</b>

I will require collection from Whangarei Heads School

**MEDICAL INFORMATION** (attach further information as required)

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Are there any health conditions we need to be aware of? Yes / No

Details: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

Other: \_\_\_\_\_

Do you have a Parua Bay School Medication Plan: Yes / No

I give permission for staff at Parua Bay School Before/After School Care Programme to administer pain relief, if required (e.g. paracetamol) Yes / No

In the event of an accident or sudden illness, I authorise the staff of Parua Bay School Before/After School Care Programme to obtain such medical assistance as may be necessary when I cannot be contacted. I agree to meet any cost incurred for the treatment or transportation of my child to receive medical attention. Yes / No

**AUTHORITIES & CONSENTS**

I give permission for my child to have photographs taken which may be used in promotional material, newsletters, notice boards, Facebook and PBS/WHS websites. Yes / No

**CONSENT TO SWIM IN PARUA BAY SCHOOL POOL**

I / We do give my child/ren permission to swim in the Parua Bay School Pool, under the supervision of Parua Bay School Before/After School Care Programme staff members. Yes / No

**IS YOUR CHILD/REN**

Safety conscious in and around water? Yes / No

Water confident in a pool? Yes / No

Able to float? Yes / No

Able to swim 20m without touching the bottom of the pool? Yes / No

**FEE PAYMENT**

Parents/Caregivers will be invoiced per term. For students attending Parua Bay School, charges will be added to your HERO account. For students attending Whangarei Heads School, invoices will be emailed to you.

Casual bookings will be invoiced after the child’s attendance and must be paid on receipt of invoice.

To be able to operate this service, we require that fees be paid on a weekly basis, 7 days in advance of your booking. Under no circumstances may accounts go into arrears.

**DECLARATION:**

I / We have read and understand the **Parent Information** document and wish to enrol my child/ren.

I / We have read and understand Parua Bay School Before/After School Care Programme fees, as outlined in the Parent Information sheet, and agree to pay our account in full in line with the terms outlined in that document.

I / We understand that, should the account fall into arrears my child/ren may be refused admission until the debt is cleared.

I / we give consent to any emergency medical treatment for my child deemed necessary by a qualified medical practitioner and accept responsibility for any cost due to treatment or transport of my child.

All care will be taken to provide supervision of the children attending the programme in accordance with the programme and procedures. I acknowledge however, in signing this form that neither the Before/After School Care staff or Parua Bay School will be liable for any loss or damage (by way of accident, injury, theft or otherwise) arising out of attendance at the Before/After School Care service.

Name of Child/ren	
Name of Parent/Caregiver(s)	
Signature of Parent/Caregiver(s)	
	Date:

**Once completed please hand into the school office  
or  
email to the After School Care Administrator  
[accounts@paruabay.school.nz](mailto:accounts@paruabay.school.nz)**