

# K.A.S.CARE ENROLMENT/BOOKING FORM Morning Care

APPLICATION IS MADE FOR THE ENROLMENT OF:

CHILD'S FULL LEGAL NAME: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Male / Female

School child attends: \_\_\_\_\_ First day of attendance: \_\_\_\_\_

CHILD'S FULL LEGAL NAME: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Male / Female

School child attends: \_\_\_\_\_ First day of attendance: \_\_\_\_\_

CHILD'S FULL LEGAL NAME: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Male / Female

School child attends: \_\_\_\_\_ First day of attendance: \_\_\_\_\_

MOTHERS NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

CELLPHONE: \_\_\_\_\_ Home Phone: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

FATHERS NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

CELLPHONE: \_\_\_\_\_ Home Phone: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Person responsible for payment: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

BILLING EMAIL: \_\_\_\_\_  
\_\_\_\_\_

Principal Caregiver's name (if different to above): \_\_\_\_\_ D.O.B.: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

The names of people who (by direction of a person who has custody of the child) are allowed to collect my child or should be consulted if the child is ill or injured (other than the principal caregiver stated above) or contacted in any emergency situation

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work phone/ext \_\_\_\_\_ e-mail: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work phone/ext \_\_\_\_\_ e-mail: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work phone/ext \_\_\_\_\_ e-mail: \_\_\_\_\_

N.B.: No child will be given permission to leave the centre unless the person collecting the child is noted on this form. If the person is not on this form, verbal or written advice must be given to the supervisor.

### CUSTODIAL STATEMENT

Do both parents have custody of the child? Yes / No

Are there any custodial arrangements concerning your child? Yes/No

Names of any persons who are forbidden to have any access to this child (Please note: a court order needs to be sighted and a copy held on file in order for our centre to prohibit a parent from collecting his/her child.)

Name \_\_\_\_\_

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### PERMANENT SCHOOL TERM BOOKING: (Indicate days required below and times of collection)

NAME:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

**CASUAL BOOKING (Please Tick):**  I will only require After School Care from time to time. Casual bookings must be made by 12pm on the day required (space permitting).

### BREAKFAST

My child/ren will require breakfast each day

Yes / No

My child/ren will only require breakfast when advised

Yes / No

### Dietary Needs:

Any special dietary needs will be provided for by the parent.

### Allergies/Medical Conditions:

Please indicate food allergies or any other medical condition (if any) of each child below:

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**HEALTH**

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

In the unlikely event of a medical emergency, I understand my child will be taken to hospital in an ambulance if necessary – parents or a contact person will be notified immediately. All medical costs incurred are at the child's caregivers expense.

Any child with a fever, rash, sticky eyes, diarrhoea, or vomiting is required to stay home until 24 hours after symptoms settle.

I agree with the policies, and agree to adhere to these policies relating to my child.

**Yes /No**

I give permission for my child's head to be checked for head lice by the programme manager or assistant manager. I am aware that in the case of my child having head lice, s/he may be asked to stay home until treated.

**Yes / No**

I give permission for Arnica Cream, Bepanthen or similar to be applied to bumps and bruises.

**Yes / No**

I give permission for the staff to apply a N.Z. approved Sun block to my child

**Yes / No**

I give permission for my child to be given basic First Aid treatment by the staff.

**Yes / No**

**MEDICATION**

The centre will administer medication to your child. A Management for Medication Form must be completed and signed by a parent or guardian.

Does your child have any allergies, special difficulties, or health problems that the centre should be aware of?

**Yes / No**

Please provide details or discuss with the Programme Manager.

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**OSCAR SUBSIDY**

Do you qualify for a subsidy?

**Yes / No**

I understand that full fees will be charged until my subsidy is approved and if my child does not attend the full hours that I have applied for, I will be required to pay the fees incurred for the hours not attended. I understand that, when my child leaves the programme, I will be responsible for cancelling my subsidy. K.A.S. Care will not reimburse parents who do not stop the subsidy on the correct date.

## **FEES**

I agree to pay fees, as per the current fee schedule, fortnightly in advance on the first day of attendance and fortnightly thereafter. I understand that if on an OSCAR subsidy, the child must attend the hours I have applied for.

I agree to pay fees for the time booked whether my child attends or not, including sick days.

I agree to pay a 10% penalty (based on the amount owing) if my fees become in arrears. Late payment of fees may result in my child's space being cancelled and all debt collection fees payable by myself.

In the event that it becomes necessary for K.A.S. Care to take legal action to recover any outstanding fees, I understand and accept that I will be liable for any and all costs arising from the undertaking of such action.

I agree that the children will be collected no later than 5.30pm every day, and if not, a late collection fee will be charged at a rate of \$20 per half hour, or part thereof.

I agree to the terms and conditions on the Programme's fee schedule.

I agree to give two weeks notice when changing or cancelling my child's booking.

I declare that the information I have provided is True and Correct.

The terms of this agreement are subject to the centre rules and regulations, and as such, rules and regulations may hereafter be amended from time to time.

Staff will do their best to ensure a safe experience for your child. However K.A.S. Care's staff and volunteers will be free and clear of all liability in the event that any injury, damage or loss is sustained to your child or their personal effects.

## **PRIVACY**

I authorise K.A.S. Care to assess, collect, retain and use any information about myself for the purpose of assessing my credit worthiness.

I also authorise K.A.S. Care to disclose information about myself to any other credit provider or any credit reporting agency for the purposes of providing or obtaining a credit reference, debt collection or notifying a default.

**Yes / No**

## **TRANSPORT**

I give authority for K.A.S. Care to collect or transport and deliver, my child/ren to the centre.

I give authority for K.A.S Care to take my child/ren on short excursions that may happen within centre hours. Procedures for these excursions are outlined in our Policies and Procedures Manual.

In the event that my child/ren are transported to and from any venue in private vehicle, I give authority and agree that they may do so and that the vehicle must have be registered, have a current warrant of fitness and that the driver has a current, clean full drivers license.

**Yes / No**

## **BEHAVIOUR MANAGEMENT**

Behaviour which is consistently harmful to others may result in dismissal from the program after all possibilities have been explored and the behaviour management procedure has been followed.

Our Policy & Procedure Manual is available at the centre for your information.

All enrolment information is confidential. Every parent / caregiver has the right to check for accuracy of information held about their children at the centre.

I agree to and accept the Behaviour Management Procedure as set out in the Policy and Procedure Manual.

**Yes / No**

My child has permission to participate in swimming sessions.

**Yes / No**

Swimming ability

**non-confident / confident**

I give consent for photographs to be taken of my child for publicity purposes and/or Programme activities

**Yes / No**

I understand and agree to the programme utilising a Sole Charge Operator when and should the need arise.

**Yes / No**

I have been advised and understand the policy and procedures of Sole Charge Operators.

**Yes / No**

I would like my child/rens homework done on a regular basis

**Yes / No**

**Signature of Principal caregiver**

\_\_\_\_\_

**Date**

\_\_\_\_\_

Information provided by parents/guardians on this enrolment form is required for statistical purposes, to ensure contact in an emergency and to facilitate individual care and attention for your child. It is strictly confidential to K.A.S. Care and follows the principles of the Privacy Act 1993

### **Fees & Rates**

Casual bookings can be made at any stage. The rate for casual bookings is slightly higher, and noted below.

Absentees will incur the normal daily charge.

The Session runs from 6.45am – 8.30am. Children are transported/walked to the school before 8.30am.

Breakfast is provided in the session fee. Please note it is the parents responsibility to provide food if the child/ren has special dietary needs.

All fees are GST inclusive, please see the rates below:

Transport (if applicable) \$1.70 per day

**Booked Session Fee:**

1 child \$8 per session

2 children \$7.50 per session per child

3+ children \$7.00 per session per child

**Casual Session Fee:**

1 child \$9 per session

2 children \$8.50 per session

3+ children \$8 per session

<b>CONTACT:</b>		
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