

Emergency contacts

Name: Relationship to child:

Address: Phone No:

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Address: Phone No:

People authorised to collect your child(ren):

People not authorised to collect your child(ren):

Doctor's details:

Childrens' doctor: Telephone:

Address:

Does your child have any particular health needs we should be aware of? (eg, allergies, food requirements, asthma, medical conditions etc.)

Is there anything else we should know about in order to take good care your child? (eg, custody arrangements, special needs, behavioural issues etc.)

Parent Contract

Please sign this contract to complete enrolment. If you have any questions about the programme or wish to see a copy of the programme policies prior to signing, please do not hesitate to ask a member of staff.

- I/we agree and acknowledge:
- I have read and understand the enrolment information.
- The supervisor has my permission to arrange any necessary urgent medical treatment at my cost.
- I will notify the supervisor of any changes to enrolment information in a timely fashion and I accept responsibility to notify any changes of details.
- I agree to pay the School Holiday Programme fees as stipulated above.

All care will be taken to provide supervision of children attending the programme in accordance with programme policies and procedures.

Name of Parent:

Signature of Parent:

Dated:

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

Confidentiality Clause: The information shall remain confidential to the School, however there may be a need to share this information from time to time with MSD for auditing purposes or the Police or Oranga Tamariki where there is a concern of safety.