

# Enrolment Form

Fairhaven School



Office Use Only:	
Start Date:	APT Enrolment Number:

1. **Child/ren's details:** Please write your child/ren's details below:

	Name(s)	Date of Birth	Male or Female
1			
2			
3			
4			

2. **Enrolment Details:** (Please circle your requirements below)

a) My child/ren will be attending: **Permanently** or **Casually**

b) My child/ren will be attending the following days and times:

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Times</b>					

c) Start Date: \_\_\_\_\_

3. **Parents/Guardian Contact Details**

**Mother's Name:** \_\_\_\_\_

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

Telephone: \_\_\_\_\_ (Day) \_\_\_\_\_ (Mobile) \_\_\_\_\_ (After)

**Father's Name:** \_\_\_\_\_

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

Telephone: \_\_\_\_\_ (Day) \_\_\_\_\_ (Mobile) \_\_\_\_\_ (After)

4. **People authorised to collect my child/ren are:**

a) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

b) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## 5. Emergency Contacts:

### Emergency Contact 1

Name: \_\_\_\_\_

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

Telephone contact between 7.30am and 5.30pm: \_\_\_\_\_

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

### Emergency Contact 2

Name: \_\_\_\_\_

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

Telephone contact between 7.30am and 5.30pm: \_\_\_\_\_

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

## 6. Doctor Contact Details

Child/rens' Doctor: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

## 7. Additional Information

- a) Does your child have any particular health needs we should be aware of? i.e, allergies, food requirements, asthma, medical conditions etc.
  
- b) Is there anything else we should know about in order to take good care of your child? i.e. custody arrangements, special needs, behavioral issues etc.

## 8. What is/are your child/ren's swimming ability? Please tick to which category applies.

	Child/ren's Name(s)	Learner Swimmer	Average Swimmer	Advanced Swimmer
1				
2				
3				
4				

## 9. OSCAR ROCKZ Ratios

- The ratio for teachers to children varies depending upon the circumstances. Around water and depending upon the children's swimming ability the following ratio's apply; for Advanced Swimmers 1 teacher to 10 children, Average Swimmer 1 teacher to 8 children and for Learner Swimmers 1 teacher to 6 children.
- The everyday programme ratio (not around water) the following ratio applies 1 teacher to 10 children.

## 10. Parent contract

Please sign this agreement to complete your child/ren's 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.

### OSCAR ROCKZ Programme Parent/Guardian Agreement

In giving consent for my child/ren to participate in the OSCAR ROCKZ Programme, I agree to the following conditions:

- I have read and understand the "OSCAR ROCKZ" Programme and also the "Important Notes", "Parent/Caregiver Declaration" and "Terms of Trade" sections attached.
- I understand that there are risks associated with my child/ren attending the OSCAR ROCKZ programme. To help minimize these risks, the programme has safety procedures, as well as rules and boundaries for all children, which must be complied with.
- From time to time, staff may take photos of the children to use in our promotional material. My permission will be sought if my child's photo might be used in any external Giggles publications.
- The supervisor has my permission, if necessary, to arrange urgent medical treatment at my expense and to move my child/ren in an emergency to a safer location.
- The OSCAR ROCKZ programme has been approved under the CYF OSCAR ROCKZ Standards. All care will be taken to provide a safe and well-supervised environment for children attending the programme, in accordance with these standards.
- If you have any questions about the programme or wish to see any programme policies prior to signing, please ask the OSCAR ROCKZ Educator.

### Important Notes to Read

- Payment is required weekly in advance for those with regular bookings.
- Payment for casual sessions is required on the day of attendance.
- Payments are to be made by automatic payment or internet banking. Cash or cheques are only accepted at Head Office at Giggles Educare, 1 Commerce Lane, Te Puke to receive a receipt.
- A \$20.00 booking fee will be charged upon enrolment. If enrolment is cancelled within one week of being processed, the booking fee will be non-refundable. If enrolment proceeds as normal, the booking fee will be credited to your account when you no longer need our service.
- Normal fees will be charged for absences (unless 24 hours notice is given, in which 50% of full fee will be credited), please notify the OSCAR ROCKZ Educator or Giggles Head Office 573 6222 with absences.
- If your child/ren is sick or absent on a booked day you are required to phone 573 6222 before 12noon to avoid any unnecessary inconvenience caused by us searching for your child at pick up time.
- If cancellations for bookings are made after 12noon on that booked day, a \$5.00 late cancellation fee will apply.
- Casual bookings must be made by 12noon on the day required (space permitting). Bookings made after 12noon will not be accepted.
- A late pick up fee does apply to children collected after 5.30pm unless previously organized and agreed with the OSCAR ROCKZ Educator - \$10.00 for arriving after 5.30, a further \$10.00 for every 15 minutes thereafter.

- If your child/ren takes holidays during the school term you will be charged a holding fee of 50% of your normal fees to secure your child/ren's space at OSCAR.
- Parents will be notified of any excursions 2 weeks in advance and are required to sign a consent form for the trip. For any activities which require extra payment, I will pay for these activities either by internet banking or AP at time I have handed the signed consent form into the OSCAR ROCKZ Educator. I understand that if payment for these activities are not paid in advanced then my child will miss out.
- If your account is overdue and requires debt collection, you the client will be liable for any and all legal and collection charges necessary to recover this amount.

#### Parent/Caregiver Declaration

1. I give consent for my child/ren to attend all activities scheduled as well as replacement activities that may be needed.
2. This includes transporting and walking to venues and swimming and I recognise that there may be only one adult present with the child/ren who may not be a staff member.
3. I will inform the OSCAR ROCKZ Educator prior to my child/ren attending an activity if I feel they may need special attention (e.g. can't swim, tends to wander, is extremely prone to sunburn, etc).
4. In the event of sickness or accident I authorise qualified medical attention be secured at my expense. Giggles will also contact me as soon as possible.
5. If my child/ren suffers from any medical condition or has medication to administer I will complete a medical consent form and notify the OSCAR ROCKZ Educator.
6. I authorize Giggles Staff to apply sunscreen to my child/ren when necessary.
7. I will inform the OSCAR ROCKZ Educator of any changes to the information on this form and of any changes to my child/ren's attendance i.e.-extra days required or cancellations.
8. I agree to sign out my child/ren on the OSCAR ROCKZ Sign-Out sheet when collected from OSCAR ROCKZ each day.

I, \_\_\_\_\_ (parent's name) have read the above Agreement and Parent/  
Guardian Declaration and agree to the above conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_