

# OSCAR Enrolment form

## (Confidential)



Application date: \_\_\_\_\_ Start date: \_\_\_\_\_

### CHILDS DETAILS:

First name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Date of birth \_\_\_\_\_ Female/Male \_\_\_\_\_

School child attends \_\_\_\_\_

Ethnic origin of child \_\_\_\_\_ First language of child \_\_\_\_\_

If child identifies as Maori, please enter the name(s) of his/her Iwi \_\_\_\_\_

### PARENT/GUARDIAN/WHANAU DETAILS

1) Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Postal address (if different to above) \_\_\_\_\_

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

Work phone \_\_\_\_\_ Email \_\_\_\_\_

2) Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Postal address (if different to above) \_\_\_\_\_

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

Work phone \_\_\_\_\_ Email \_\_\_\_\_

**EMERGENCY CONTACTS - a MINIMUM of two Emergency contacts, other than parent/whanau must be provided.**

#### First Emergency Contact:

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

Address \_\_\_\_\_

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

#### Second Emergency Contact:

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

Address \_\_\_\_\_

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

### COLLECTION PERSONS

Only those persons who have right of access and are named below will be allowed to collect your children from the OSCAR Centre unless special arrangements are made (other than those identified on enrolment form)

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

## MEDICAL INFORMATION

Family doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Please record details of any special needs (e.g. physical, allergies etc. and any medication required):

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*Please note: For long term medication (e.g. Ventolin) parents must give the staff written permission to administer.*

## IMMUNISATIONS

Vaccine Schedule	Yes	No
6 weeks - RotaTeq, Infanrix hexa, Prevenar 13		
3 months - RotaTeq, Infanrix hexa, Prevenar 13		
5 months - RotaTeq, Infanrix hexa, Prevenar 13		
15 months - Act-HIB, MMR II, Prevenar 13		
4 years - Infanrix IPV, MMR II		
11 years - Boostrix		

**ENROLLED HOURS** - Please record start and finish time for each day in care

Times	Monday	Tuesday	Wednesday	Thursday	Friday
Start					
Finish					

## WINZ SUBSIDY - Office Use only

App. date		Total fee @ \$6.80 per hour	
WINZ SUB	Yes/No	Less WINZ Total to pay	
Total Hours		Total to pay	

If invoice is to be paid by a third party or agency, please supply details below

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

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

## PHOTO CONSENT

Dear Parent/Guardian/Whanau

Bizzy Buddyz Ltd. takes photos of children in our care for use in the Oscar newsletter which is inserted on our website page along with our Facebook Page. Photos may also be used in advertising in the local newspaper or displayed at the Oscar Centre. Please indicate whether you give consent for the following:

I consent to photos being taken of my child/ren \_\_\_\_\_

*I consent to photos of my children being used in:*

- Bizzy Buddyz Face Book page
- Newspaper advertising
- Bizzy Buddyz website
- On display at the Oscar Centre

**AFTERNOON TEA: (Please note: This is TERM TIME ONLY)** Afternoon tea is provided every day for the children attending the OSCAR Centre. Costs will be debited to your account.

I acknowledge that there is a \$2.00 fee per week to cover afternoon tea costs. (Regardless of days booked.)

## Where did you hear about us?

As you may or may not be aware, Bizzy Buddyz pursues a number of marketing avenues. In order to help us determine what is working for us and what isn't, we'd like you to tell us where you found out about us (or where you heard about us) and also what made you actually call us (they may be the same thing).

Where did you find out about Bizzy Buddyz? (E.g. Through a friend, radio, newspaper, signs)

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What made you call us? -----

What radio station do you listen to? -----

## I HAVE READ AND UNDERSTOOD THE FOLLOWING:

- I understand Bizzy Buddyz Management reserves the right to seek professional guidance in the case of suspected child abuse.
- I understand that the Ministry of Social Development regulations forbids the use of corporal punishment.
- My child will be dressed appropriately for the weather and play AND I will provide sunhats, jackets, warm hats and spare clothes.
- I give permission for this child to travel in the OSCAR Centre's vehicles and to be taken for walks and outings by the OSCAR staff, including visits to the Allandale School playground.
- I understand I will need to sign a permission letter for any holiday excursions on the day of the excursion.
- I accept that in the case of the Oscar Supervisor having to obtain medical treatment in an emergency, it is my responsibility for any expenses incurred.
- I give permission for the staff to apply basic first aid and sunscreen products to my child.
- I give permission for this child to be taken to an alternative emergency location, e.g. Civil Defence Centre in the event of an emergency.
- I understand it is my responsibility to sign the daily attendance sheet, and check the recorded daily start and finish times for my child.
- I agree to pay the enrolled hours or the actual, whichever is the greater.
- I understand that monthly invoices/statements will be sent out of which are payable on or before the 20<sup>th</sup> of the following month.
- I agree that if a debt remains after two reminder notices have been sent, the outstanding debt will be sent to a Debt Collection Agency for recovery and I will be liable for any and all debt collection fees and legal costs as well as the original outstanding amount. Care will be discontinued if this event arises.
- I agree to pay for absences where I have not given five working days' notice. This includes any excursion fees during the Holiday Programme.
- I consent to Bizzy Buddyz collecting, retaining and using any of my information for the purposes of credit checking, credit monitoring and if necessary registering a payment default on a credit reporting register and that this information will be used under the provisions of the Privacy Act 1993.

Signatures: (Both recorded names in parent/whanau/guardian section must sign enrolment form)

1. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date \_\_\_\_\_

2. Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date \_\_\_\_\_

*Please note: Bizzy Buddyz must be advised immediately of any changes to enrolment details or arrangements, especially changes to contact details.*