Bizzy Buddyz

OSCAR Enrolment form

(Confidential)

Application date:	Start date:	OSCAR Outside School Care & Reci
CHILDS DETAILS:		
First name(s)	Surname	
Address		
Date of birth	Female/Mala	3
School child attends		
Ethnic origin of child	First language	e of child
If child identifies as Maori, pleas	se enter the name(s) of his/her lwi	
PARENT/GUARDIAN/WHA 1) Name		١
Address		
Postal address (if different to a	above)	
Home phone	Mobile	
Work phone	Email	
2) Name	Date of birth	1
Address		
Postal address (if different to a	above)	
Home phone	Mobile	
Work phone	Email	
EMERGENCY CONTACTS - provided.	- a <u>MINIMUM</u> of two Emergency contacts, oth	er than parent/whanau must be
First Emergency Contact:		
Name	Relationship to child _	
Address		
Home phone	Mobile	
Second Emergency Contact	t:	
Name	Relationship to child _	
Address		
Home phone	Mobile	
COLLECTION PERSONS		
Only those persons who have r	right of access and are named below will be allowed	d to collect your children from the
OSCAR Centre unless special a	rrangements are made (other than those identified o	on enrolment form)
Name	Telephone	

Name_

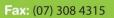
Telephone_

MEDICAL INFORMATION							
Family doctor Telephone Please record details of any special needs (e.g. physical, allergies etc. and any medication required):							
Please note: For long	g term medicatic	on (e.g. Ventoli	n) parents must give the	staff written per	mission to administer.		
Vaccine Schedule Yes No							
6 weeks - RotaTeg, Infanrix hexa, Prevenar 13					140		
3 months - RotaTe	•			+			
5 months - RotaTe							
15 months - Act-H	HIB, MMR II, Preve	enar 13					
4 years - Infanrix II	PV, MMR II						
11 years - Boostrix							
ENROLLED HOUR	S - Please record	start and finis	h time for each day in ca	are			
Times	Monday	Tuesday	Wednesdaų	y Thursdaų	y 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				
Name:			ease supply details belo				
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							
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							
attending the OSCA	R Centre. Costs	will be debite		·	ed every day for the children		

Address: PO Box 827, Whakatane 3158

Phone: (07) 308 4314







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).

Wh	ere did you find out about Bizzy Buddyz? (E.g. Through a friend, radio, newspaper, signs)
 Wh	at made you call us?
Wh	at radio station do you listen to?
l Hz	AVE 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 th 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.
Sign	atures: (Both recorded names in parent/whanau/guardian section must sign enrolment form)
	Name: Signature:
	Date
2.	Name: Signature:

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

Phone: (07) 308 4314



Fax: (07) 308 4315