



Te Kura Katorika O Hato Terehia

### **After School Care Enrolment Form**

#### **STUDENT DETAILS:**

Names(s): ..... Date of Birth .....

.....

.....

Home Address: .....

#### **ENROLMENT DETAILS:**

People authorised to collect your child(ren):

.....

.....

Is there anyone who is **not** allowed to collect your child(ren):

.....

#### **CONTACT DETAILS:**

**Mother's name:** .....

Phone: ..... Email address: .....

Place of work: .....

**Father's name:** .....

Phone: ..... Email address: .....

Place of work: .....

#### **ALTERNATIVE EMERGENCY CONTACT DETAILS:**

Name: ..... Phone: .....

Relationship to child: .....

Name: ..... Phone: .....

Relationship to child: .....

Name: ..... Phone: .....

Relationship to child: .....

**ADDITIONAL INFORMATION:**

Child(ren)'s doctor: ..... Phone: .....

Does your child have any health, medical or allergy needs we should be aware of?

.....  
.....

PRIVACY ACT 1993: The information you have supplied is necessary for the safe and effective operation of the holiday 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. Information may be viewed by the Ministry of Social Development.

Please sign this contract to complete the enrolment process.

Name of parent: (Please print) .....

Signature of parent: .....

Date: .....