

31 Hector Drive

Rototuna North, Hamilton 3210

Phone: (07) 853-0039

Website: [www.tetotara.school.nz](file://C:\Users\afterschoolcare\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\AppData\Local\Microsoft\Windows\Impact\AppData\Local\Microsoft\Windows\_Common\Local%20Settings\Temporary%20Internet%20Files\Local%20Settings\Temporary%20Internet%20Files\OLKA\www.tetotara.school.nz)

**After School Care and/or Before School Care**

**Enrolment Application 2017**

Updated: October 2016

**Child’s Name(s):**

1. ……………..…………………..………………..……………….. **M/F** Room…………. Date of Birth: ...../…../…….

2. ……………..…………………..………………………......... …. **M/F** Room:………… Date of Birth: ...../…../……..

3. ……………..…………………..………………………............. **M/F** Room:………… Date of Birth: ...../…../……..

4. ……………..…………………..……………………................. **M/F** Room:…………. Date of Birth: ...../…../……..

Address: …………………………………………………………………………………………………………………………………………………

E-mail Address:………………………………………………………………………………………………………………………………

**Mother’s Name**: (Title, Christian Name, Surname) Home & Cell No:

……………………………………………………………………………………………………………………………………………………

Place of Work: …………………………………………………………….. Work Phone No: …………………………………………

**Father’s Name**: (Title, Christian Name, Surname) Home & Cell No:

……………………………………………………………………………………………………………………………………………………

Place of Work: …………………………………………………………….. Work Phone No: ………………………………………

Alternative Emergency Contact: …………………………………………………. Phone No: ……………………………………

\*Children named above live with: Mother only Father only Both parents (Please circle)

People authorised to collect my child(ren) from Te Totara After School Care:

1. ………………………………………………………..………….. Phone No: …………………………………………

2. ………………………………………………………..………….. Phone No: …………………………………………

3. …………………………………………………………………… Phone No. ……………………………………………

4. …………………………………………………………………… Phone No:…………………………………………….

5. …………………………………………………………………… Phone No………………………………………………

6. …………………………………………………………………… Phone No………………………………………………

Are there any special circumstances which we should be aware of in relation to your child, e.g. is there anybody you **do not** wish to collect your child from After School Care?

………………………………………………………………………………………………………………………………………………….

**Do you have a Court Order in reference to this person? Y / N If so, please include copy of the Court Order with your Enrolment Form and any other information we may need.**

**Children’s Health**

**You must declare any health conditions to BSC/ASC as we do not have access to student medical files held at school e.g. Asthma, Allergies etc. For example, your child has asthma and uses an inhaler, please provide full details including the dosage of medication required e.g. Ventolin, 2 puffs/6 breaths**

Name of Child : ………………………………………………… Condition: ……………………………………………………………….

Is medication for this condition held at school? **Y/N** Directions: ……………………………………………………………….

…………………………………………………………………………………………………………………………………………………………

Name of Child : ………………………………………………… Condition: ……………………………………………………………….

Is medication for this condition held at school? **Y/N** Directions: ……………………………………………………………….

…………………………………………………………………………………………………………………………………………………………

Name of Child : ………………………………………………… Condition: ………………………………………………………………

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Is medication for this condition held at school? **Y/N** Directions: ………………………………………………………………

………………………………………………………………………………………………………………………………………………………..

**Any serious illness, injuries or disabilities?**

Name of Child : …………………………………………… Type: …………………………………………………………..

Name of Child : ………………………………………………… Type………………………………………………………………

Name of Child : ………………………………………………… Type: …………………………………………………………….

**Any ongoing medications to be administered?**

Name of Child: Name of Medication: Dose required:

……………………………………………………………………………………………………………………………………………………

Name of Child: Name of Medication: Dose required:

…………………………………………………………………………………………………………………………………………………

I hereby give permission for a staff member to give my child any required medication if it is requested in writing by me, or following a phone call.

Signature (Parent/Caregiver): ……………………………………………………………………...…………………………………

Family Doctor is: ………………………………………………………………. Phone: ………………………………………

***DATE CARE STARTS*……………………………………….**

***PERMANENT ENROLMENT CASUAL ENROLMENT SHIFT WORKING FAMILY*** (Please Circle)

**Our requirements for Te Totara before school and/or After School Care**

*Please indicate the days you require your child to attend Before School Care and/or After   
School Care by ticking the boxes.* ***√***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Time** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| 7.30am – 8.30am |  |  |  |  |  |
|  |  |  |  |  |  |
| 3.00pm – 4.00pm |  |  |  |  |  |
| 3.00pm – 4.30pm |  |  |  |  |  |
| 3.00pm – 5.00pm |  |  |  |  |  |
| 3.00pm – 5.30pm |  |  |  |  |  |

**Conditions of Enrolment**

1. **I understand that by making a Permanent Enrolment/booking I will be charged for that time regardless of whether or not my child attends that day.**
2. I agree to paying fees no later than 7 days of receiving the invoice/statement.
3. I understand that the above named student(s) may be suspended if there is any default in payment.
4. **I understand that cost recovery of any defaulted payment will be charged to the debtor.**
5. I understand that a Casual Bookings will depend on the number of spaces available on the day. 24 hrs notice is required in order to check availability of space. (Minimum charge of one hour $8.00 applies). Bookings are charged for the whole time that the child/ren is enrolled for and are not reduced due to early collection from the programme e.g. If the child is booked in from 3:00pm to 4:30pm but is collected at 3:30pm you will still be charged until 4:30pm.
6. I understand will be charged for that time regardless of whether or not my child attends that day unless 24 hrs notice is given to cancel my casual booking.
7. I understand that if I make a permanent booking, I must give **2 weeks** notice for any booking cancellations or I will be charged for the outstanding days

Every effort will be made by the Te Totara School Before School Care/After School Care staff to provide a happy and safe environment for your children. However, they are in the programme because you desire them to be and thus we look to you for support in any disciplinary matters that may arise. Please note – the same set of rules for behaviour as set by Te Totara Primary School will apply.

Despite offering high standards of supervision the Te Totara Before School Care/After School Care programme, staff do not accept responsibility for breaches of behavioural expectations such as leaving the school grounds.

The applicant accepts that any behaviour deemed by the Supervisor to be unreasonable or unsafe may be considered reason for suspension from the Te Totara After School Care programme.

Signature (Parent/Caregiver): …………………………………………………… Date: ……………………………

**Declaration**

* I understand that the Te Totara Before School Care/After School Care staff will exercise due care but will not be liable for any injury, damage or loss which my child(ren) may sustain to person or property.
* In the event of sickness or accident I authorise qualified medical attention be secured at my expense.
* I give permission for the programme staff to administer first aid.
* I have received a copy of the fee structure and the enrolment forms and agree to abide by these conditions.
* I have read the terms and conditions and policies and procedures (found on the school website)

Signature (Parent/Caregiver): …………………………………………………………… Date: ……………………

**Fee Structure 2017**

***Permanent Bookings***

Permanent bookings will be charged whether or not your child attends. Any extra hours required over and above your permanent booking will be charged at **$6.00 per hour** (minimum charge of one hour applies).

***Casual Bookings***

Bookings will depend on the number of spaces available on the day. **24 hrs notice is required in order to check availability of space**. Minimum charge of one hour **($8.00)** applies. Bookings are charged for the whole time that the child/ren is enrolled for and are not reduced due to early collection from the programme e.g. If the child is booked in from 3:00pm to 4:30pm but is collected at 3:30pm you will still be charged to 4:30pm.

***Fee Structure***

* **$6.00 per hour per child for a permanent enrolment**
* **$8.00 per hour per child for a casual enrolment**
* **$1.00 per minute Late Fee will be charged if your child is picked up after 5.30pm**
* Fees are required to be paid no later than 7 days after receiving an invoice/statement
* Outstanding Fees may be forwarded to Baycorp for collection **and will incur collection costs**.

***Invoicing***

Invoices will be sent out weekly on a Monday, our preferred method is via e-mail. If you are happy to receive these by e-mail, please advise Anna Herbert, Team Leader, Before & After School Care via e-mail [afterschoolcare@tetotara.school.nz](mailto:afterschoolcare@tetotara.school.nz) of your preferred e-mail address.

***Payments***

Payments can be made directly in the school account via internet banking. Details listed below:

***Account Name: Te Totara Primary School***

***Bank: ASB***

***Account Number: 12-3171-0270973-00***

If paying by direct credit, please use the following reference: **Te Totara ASC or BSC and your child’s last name (as this is your account name) e.g. Reference: ASC Smith**

**Unless previous arrangements have been made, payments that are two weeks outstanding will see your child withdrawn from this programme.**

I/We\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have thoroughly read and do understand the Policy and Procedures. WE hereby agree to respect and abide by the policy and procedures of Te Totara Primary School Before & After School Care.

My/our signatures below confirms that I/we hereby agree to abide by the child care contract in its entirety, including each and every policy, guideline, and that they have been explained to my/our complete satisfaction.

Signature (Parent/Caregiver): …………………………………………………………… Date: ……………………

Thank you for your support.

***Anna Herbert***

***TEAM LEADER BEFORE & AFTER SCHOOL CARE***

[***afterschoolcare@tetotara.school.nz***](mailto:afterschoolcare@tetotara.school.nz)

***Ph: 0278530031***

**Conditions of Enrolment COPY for PARENTS/caregivers**

1. **I understand that by making a Permanent Enrolment/booking, I will be charged for that time regardless of whether or not my child attends that day.**
2. I agree to paying fees no later than 7 days of receiving the invoice/statement.
3. I understand that the above named student(s) may be suspended if there is any default in payment.
4. I understand that cost recovery of any defaulted payment will be charged to the debtor.
5. I understand that a Casual Bookings will depend on the number of spaces available on the day. 24 hours notice is required in order to check availability of space. (Minimum charge of one hour $8.00 applies). Bookings are charged for the whole time that the child/ren is enrolled for and are not reduced due to early collection from the programme, eg: If the child is booked in from 3:00 to 4:30 but is collected at 3:30 you will still be charged until 4:30.
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* **$6.00 per hour per child for a permanent enrolment**
* **$8.00 per hour per child for a casual enrolment**
* **$1.00 per minute Late Fee will be charged if your child is picked up after 5.30pm**
* Fees outstanding for longer than two weeks may be charged an Administration Fee of $5.00
* Fees are required to be paid no later than 7 days after receiving an invoice/statement
* Outstanding Fees may be forwarded to Baycorp for collection **and will incur collection costs.**

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**Unless previous arrangements have been made, payments that are two weeks outstanding will see your child withdrawn from this programme.**

***Anna Herbert***

***CO-ORDINATOR, BEFORE & AFTER SCHOOL CARE*** [***afterschoolcare@tetotara.school.nz***](mailto:afterschoolcare@tetotara.school.nz)

***Ph: (07) 853-0039 ext. 859 ASC PHONE : (027) 8530031***

**ASC BRING YOUR OWN DEVICE AGREEMENT**

I want my child to bring their own device to use in BSC/ASC. I understand (please tick each statement):

* **Please tick**
* All devices brought to ASC are my child’s responsibility and the insurance for the device is my responsibility.
* ASC holds no responsibility for any loss or damage which might occur.
* ASC will provide a locked filing cabinet in which my child may place their device when not in use at ASC.
* Children will bring devices to ASC each day fully charged. Charging at ASC is not permitted.
* Devices brought to ASC are for the use of my child. ASC adheres to a ‘share screen’ concept, whereby my child may share his/her screen with others.
* Use of the device is at the discretion of ASC.
* Students are not permitted to transmit or post photographic images/videos of any person at ASC on public and/or social networking sites.
* Students must comply with ASC’s request to shut down or close the screen. Devices must be in silent mode and put away when asked by ASC.
* ASC retains the right to collect and examine any device that is suspected of causing problems or being in breach of the BYO device Guidelines and/or Digital Citizenship Policy.
* Rules governing the use of any school-owned digital device will apply to student-owned devices while they are at ASC. This includes adherence to the copyright act and school Digital Citizenship Policy.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signed: |  |  |  | | |  |
| Parents Name: |  |  |  | | |  |
| Student: |  |  |  | | |  |
| Date: |  | Room No: | | |  |  |
| Device Serial No. |  |  | |  | |  |
|  |  |  | |  | |  |