



SPREYDON OSCAR

2017 BOOKING APPLICATION AND ENROLMENT FORM

Child's Name: _____
1st child *First Name* *Second Name* *Last Name*

Date of Birth: _____ **Male / Female** _____ **Ethnicity** _____ **Room** _____
(circle one)

Has he/she ever been excluded: Yes | No *(circle one)*

Booking Requested (*✓ tick the days and sessions required*)

<u>PERMANENT BOOKINGS</u>	Monday	Tuesday	Wednesday	Thursday	Friday
Term: 1 2 3 4 <i>(circle the terms required)</i>	Before School BSC				
	After School ASC				

<u>HOLIDAY PROGRAMMES BOOKINGS</u>	January	April	July	October	December
Please indicate (<i>✓ tick</i>) which holiday programmes you may require.					
<u>CASUAL BOOKINGS</u>	Before School BSC	After School ASC	Holiday Programme/s		
Please indicate (<i>✓ tick</i>) which programmes you may require a casual booking.					

Child's Name: _____
2nd child *First Name* *Second Name* *Last Name*

Date of Birth: _____ **Male / Female** _____ **Ethnicity** _____ **Room** _____
(circle one)

Has he/she ever been excluded: Yes | No *(circle one)*

Booking Requested (*✓ tick the days and sessions required*)

<u>PERMANENT BOOKINGS</u>	Monday	Tuesday	Wednesday	Thursday	Friday
Term: 1 2 3 4 <i>(circle the terms required)</i>	Before School BSC				
	After School ASC				

<u>HOLIDAY PROGRAMMES BOOKINGS</u>	January	April	July	October	December
Please indicate (<i>✓ tick</i>) which holiday programmes you may require.					

<u>CASUAL BOOKINGS</u>	Before School BSC	After School ASC	Holiday Programme/s		
Please indicate (<i>✓ tick</i>) which programmes you may require a casual booking.					

HOW DID YOU HEAR ABOUT OUR PROGRAMMES? (*if 'Other' please identify where*)

School staff (*eg. at time of enrolment*) School newsletter From family/friend

School website Oscar Network Other _____

FAMILY INFORMATION

SECTION 1: PRIMARY CAREGIVER

NAME	_____		
	<i>Print Full Name</i>		<i>Signature</i>

	<i>Print other name/s you are known by:</i>		<i>Relationship to child/ren</i>
ADDRESS	_____		
PHONE DETAILS	_____	_____	_____
	<i>Home phone</i>	<i>Your cellphone</i>	<i>Work phone</i>
	Please circle the number we call first in an emergency.		
	Email: _____ @ _____		
	<i>Please print clearly</i>		
NAMES OF OTHER PEOPLE AT YOUR ADDRESS who are authorize to pick up the child / children.	1.	_____	_____
		<i>Print Full Name</i>	<i>Contact Number</i>
		<i>Relationship to child/ren</i>	
	2.	_____	_____
	<i>Print Full Name</i>	<i>Contact Number</i>	<i>Relationship to child/ren</i>
	<i>Relationship to child/ren</i>		
	3.	_____	_____
	<i>Print Full Name</i>	<i>Contact Number</i>	<i>Relationship to child/ren</i>
	<i>Relationship to child/ren</i>		

SECTION 2: EMERGENCY CONTACTS and names of others authorized to pick up the child/ren

NAME	_____		
	<i>Print Full Name</i>		<i>Relationship to child/ren</i>
ADDRESSES	_____		
PHONE DETAILS	_____	_____	_____
	<i>Home phone</i>	<i>Cellphone</i>	<i>Work phone</i>
	Please circle the number we call first in an emergency.		

NAME	_____		
	<i>Print Full Name</i>		<i>Relationship to child/ren</i>
ADDRESSES	_____		
PHONE DETAILS	_____	_____	_____
	<i>Home phone</i>	<i>Cellphone</i>	<i>Work phone</i>
	Please circle the number we call first in an emergency.		

NAME	_____		
	<i>Print Full Name</i>		<i>Relationship to child/ren</i>
ADDRESSES	_____		
PHONE DETAILS	_____	_____	_____
	<i>Home phone</i>	<i>Cellphone</i>	<i>Work phone</i>
	Please circle the number we call first in an emergency.		

NAME	_____		
	<i>Print Full Name</i>		<i>Relationship to child/ren</i>

ADDRESS

PHONE
DETAILS

Home phone

Cellphone

Work phone

Please circle the number we call first in an emergency.

GENERAL INFORMATION

SECTION 3

A) ARE THERE ANY CUSTODY/COURT ARRANGEMENTS WE SHOULD BE AWARE OF?

Yes | No (circle one) If yes, please provide copies and relevant details (eg, access subject to conditions, forbidden access etc.).

Child's Name:			
<i>1st child</i>	<i>First Name</i>	<i>Second Name</i>	<i>Last Name</i>
<hr/>			
<hr/>			
<hr/>			

Child's Name:			
<i>2nd child</i>	<i>First Name</i>	<i>Second Name</i>	<i>Last Name</i>
<hr/>			
<hr/>			
<hr/>			

B) SWIMMING ABILITY Select one of the following options:

1. Unknown
2. Non-Swimmer (requires floatation device)
3. Beginner (can float unaided)
4. Average (can swim a width without putting feet down)
5. Advanced (can swim a length without putting feet down)

Child's Name: _____	_____
<i>1st child</i>	<i>Swimming Ability</i>
Child's Name: _____	_____
<i>2nd child</i>	<i>Swimming Ability</i>

C) MISCELLANEOUS

Please list below any other information (NOT health related; see next section) relevant to your child that may help assist the Spreydon OSCAR programme staff (eg, cultural, special interests, hobbies, beliefs, change in family circumstance*, etc):

<i>1st child</i>
Child's Name: _____
<hr/>
<hr/>

<i>2nd child</i>
Child's Name: _____
<hr/>
<hr/>

HEALTH INFORMATION

SECTION 4

In case of accident or emergency, every effort will be made to contact a parent/caregiver immediately. If the child needs medical attention, appropriate action (first aid, dental, hospital, ambulance) will be taken. Any costs arising from such actions will be passed on to the parent/caregiver.

A) FAMILY DOCTOR

Drs Name:	Telephone:
Surgery Name:	
Address:	

B) OTHER HEALTH PROFESSIONALS INVOLVED WITH THE CHILD/REN (eg. social worker, health nurse etc.)

NAME:	ROLE:	CONTACT DETAILS:
NAME:	ROLE:	CONTACT DETAILS:

C) MEDICAL INFORMATION AND DAILY NEEDS

Any medical conditions and/or special needs that may impact on your child/rens' health and wellbeing when attending Spreydon OSCAR programmes must be identified.

Child's Name: _____			
<i>1st child</i>	<i>First Name</i>	<i>Second Name</i>	<i>Last Name</i>
<i>Circle either Yes or No for each option.</i>			
1. Is he/she immunised? Yes No	Is his/her immunisation up to date?	Yes No	Yes No
Immunisation Certificate (or other proof) provided?		Yes No	Yes No
2. ALLERGIC REACTIONS? (eg, foods, medicine, grass, sunscreen, etc.) If yes complete page 8.		Yes No	Yes No
3. MEDICAL CONDITIONS? (eg, asthma, convulsions, chronic illness, etc.) If yes complete pages 7/8.		Yes No	Yes No
4. Is he/she on REGULAR MEDICATION? (eg, ventolin.) If yes go to pages 7/8.		Yes No	Yes No
5. SPECIAL NEEDS? If yes complete page 8.		Yes No	Yes No
6. DIETARY NEEDS? (eg, vegetarian, halal, no beef products etc.) If yes complete page 8.		Yes No	Yes No
7. CHALLENGING BEHAVIOURS? (eg, may wander, may argue or yell, etc.) If yes complete page 8.		Yes No	Yes No
8. OTHER SUPPORT? Please specify: If yes complete page 8.		Yes No	Yes No

Child's Name: _____			
<i>2nd child</i>	<i>First Name</i>	<i>Second Name</i>	<i>Last Name</i>
<i>Circle either Yes or No for each option.</i>			
1. Is he/she immunised? Yes No	Is his/her immunisation up to date?	Yes No	Yes No
Immunisation Certificate (or other proof) provided?		Yes No	Yes No
2. ALLERGIC REACTIONS? (eg, foods, medicine, grass, sunscreen, etc.) If yes complete page 8.		Yes No	Yes No
3. MEDICAL CONDITIONS? (eg, asthma, convulsions, chronic illness, etc.) If yes complete pages 7/8.		Yes No	Yes No
4. Is he/she on REGULAR MEDICATION? (eg, ventolin.) If yes go to pages 7/8.		Yes No	Yes No
5. SPECIAL NEEDS? If yes complete page 8.		Yes No	Yes No
6. DIETARY NEEDS? (eg, vegetarian, halal, no beef products etc.) If yes complete page 8.		Yes No	Yes No

7. CHALLENGING BEHAVIOURS? (eg, may wander, may argue or yell, etc.) If yes complete page 8.	Yes No
8. OTHER SUPPORT? Please specify: If yes complete page 8.	Yes No

AGREEMENTS AND CONSENTS

SECTION 5

A) I GIVE CONSENT FOR MY CHILD TO:

- Attend **all** scheduled or replacement activities, suitably supervised and accompanied. This may include short walking excursions, outside play, swimming, use of playground. Bus and similar excursions will be notified in advance; parents may be required to sign a consent form.
- Have sunscreen applied if necessary (term 1, term 4). Parents/Caregivers are required to apply sunscreen to their children before arrival at Holiday programmes.

B) I WILL ABIDE BY SPREYDON OSCAR INCORPORATED POLICIES AND PROCEDURES (including but not limited to):

- Informing the Manager prior to an activity if my child may need special attention (eg, tends to wander, can't swim, is extremely prone to sunburn, etc.).
- Inform the Manager if someone other than those authorised above will be collecting my child.
- Sign in my child to Before School and Holiday programmes, and sign out my child from After School and Holiday programmes.
- Provide suitable equipment or clothing, as directed (eg. lunches for Holiday programme, sunhat). This includes providing sunscreen if your child/ren is/are not to have Spreydon OSCAR's sunscreen applied eg. in the case of allergy.

C) I UNDERSTAND THAT:

- The Manager and other staff will take all reasonable steps to act as caregiver during sessions.
- The Manager reserves the right to send home any child considered not well enough to attend.
- If my child needs medical attention, appropriate action will be taken.
- The Manager reserves the right to exclude any child for sustained or serious misbehaviour, with consultation with the Management Committee.
- Spreydon OSCAR staff and committee members will not be liable for any injury, accident or medical emergency occurring during or as part of this programme or its associated activities.
- Spreydon OSCAR reserves the right to limit or restrict places in its programmes.
- Acceptance of booking/enrolment forms does not obligate Spreydon OSCAR to accept a child for care.

D) PHOTOGRAPHS

- I give permission for my child/ren to be photographed for the purposes of the programmes planning and assessment. **Yes | No** (circle one)
- I give permission for my child's/rens photograph/s to be used for promotional material such as newsletters and displays within the Spreydon OSCAR designated areas. **Yes | No** (circle one)

E) COMMUNICATION

Each family is provided with a mail pocket located on the wall adjacent to the doors into Room 9. This is where programme information, your account information, newsletters and any other information as appropriate will be given to you. It is your responsibility to check your pocket on a regular basis.

Would you prefer to receive this information via Email?

Yes | No (*circle one*)

BOOKINGS AND PAYMENT

SECTION 6:

A) BASIC TERMS AND CONDITIONS INCLUDE (*but are not limited to*):

- If your child is unable to attend a booked session (Before School, After School or Holiday Programme) for any reason you must inform the Manager as soon as possible, to avoid us searching for your child.
- Casual bookings will be accepted at the discretion of the Manager, and subject to space.
- Term-time fees are payable one week in advance. Holiday programme fees are payable two weeks in advance. Casual fees are payable on the day of attendance.
- Normal fees will be charged for absences, including illness. However, absences notified to the Manager at least seven days in advance of the absence will be given a 50% discount.
- A late pick-up fee may be charged for children collected after closing time - \$10 for arriving after closing time, plus a further \$10 for each fifteen minute period thereafter.
- If your fees are in arrears for more than the standard accounting billing period, and no arrangements have been made, your child's place may be withdrawn.
- 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.

B) PAYMENT OPTIONS

- The preferred payment method is for direct credits/automatic payments to be made into the following account:~

BANK: Westpac
BRANCH: Barrington Shopping Center
ACCOUNT NAME: Spreydon OSCAR Incorporated
ACCOUNT NUMBER: 03 1594 0602758-00

- Cheque/cash payments may be made directly to Spreydon OSCAR. Payments are to be put in a sealed envelope with details written on the front of envelope. Please include the name of the child/ren the payment is for and the session/s the payment relates to. The envelope is to be put in the locked box in Spreydon OSCAR's room (Room 9).

C) WINZ WORK AND INCOME NEW ZEALAND

You may be eligible for a subsidy from WINZ to assist with paying the costs of your child's/rens attendance at Spreydon OSCAR. You will be responsible for paying the fees until **we** receive confirmation of the amount WINZ will be paying.

Will you be applying for a WINZ subsidy? **Yes** | **No** (*circle one*)

If you know your WINZ Client Number please write it here: ____ - ____ - ____ - ____ - ____

I _____ have filled in this enrolment form to the best of my ability[†].
(*print name*)

- I will inform the Manager of any changes to my child's details or circumstances.
- I will give at least two weeks notice of any cancellation of permanent bookings.
- I have read, understood, and agree to the permissions and policies outlined above.

Signature: _____ **Date:** _____

ASTHMA DETAILS AND PLAN (*if your child suffers from asthma*)

[†] **Privacy:** Information you have supplied is necessary for the safe and effective operation of our programmes, and has been collected for that purpose. Information may also be accessed by CYF Auditors as part of the approvals process. You may review this enrolment information at any time.

Child's Name: _____
First Name Second Name Last Name

Asthma Details

How often does your child have asthma symptoms?

- Infrequent (0-4 per year) Frequent (5+ per year) Most days Usually when exercising

How do you recognise that your child is having an asthma attack?

- Wheezing (*whistling from chest*) Difficulty breathing Coughing Tightness in chest

Other: _____

How do you recognise that your child's asthma is worsening?

What are your child's asthma triggers (things making symptoms worse)?

- Does your child tell you when (s)he needs asthma medication? **Yes | No**
- Does your child need assistance to take asthma medication? **Yes | No**
- Does your child take asthma medication before exercise/play? **Yes | No**

If yes:

Medication	Method (puffer/inhaler & spacer, nebuliser)	Dose & Frequency

Will your child require asthma medication at Spreydon OSCAR programmes? **Yes | No** If yes :

Medication	Method (puffer/inhaler & spacer, nebuliser)	Dose & Frequency

What reliever medication does your child normally take when asthma symptoms worsen?

Medication	Method (puffer/inhaler & spacer, nebuliser)	Dose & Frequency

EMERGENCY ASTHMA MANAGEMENT ACTION PLAN

Medication	Dose (eg, 2 puffs)	Method (eg, puffer & spacer)	How Often (eg, every 4 mins)

Are there other comments you wish to make?

I _____, have consulted with my child's doctor and authorise Spreydon
print name (parent/caregiver) OSCAR staff to assist my child (as above) in the event of asthma
 symptoms worsening.

- I will notify Spreydon OSCAR in writing if there are any changes to these instructions.
- I understand that staff will make every effort to contact me if my child requires emergency treatment, or if my child regularly has asthma symptoms.

Signature: _____

Date: _____

ALLERGY DETAILS AND PLAN *(if your child has allergies)*

Child's Name: _____
First Name
Second Name
Last Name

My child has allergies to: _____

Child's Photo:

*Please attach a recent
 photograph of your child*

ALLERGY ACTION PLAN

	Mild-Moderate Allergic Reaction	Anaphylactic (Severe) Allergic Reaction
Symptoms		
Actions		

In the event of allergy emergency contact:

1. _____ Contact number(s): _____
2. _____ Contact number(s): _____
3. _____ Contact number(s): _____

I _____, give permission for this Allergy Action Plan to be displayed prominently.
print name (parent/caregiver)

Signature: _____ **Date:** _____

OTHER HEALTH, DIETARY OR SUPPORT NEEDS INFORMATION.

Health / Diet / Special Need / Behavioural support etc.	Additional information / details

SPREYON OSCAR INCORPORATED RESERVES THE RIGHT, AFTER DISCUSSION, TO DECLINE A BOOKING FROM ANY ACTIVITY SHOULD WE BE UNABLE TO PROVIDE SUITABLE CARE FOR YOUR CHILD/REN.