

**Koraunui Care Centre  
Enrolment Form**

**PLEASE PRINT YOUR INFORMATION**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Room No: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Room No: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Room No: \_\_\_\_\_

**FAMILY DETAILS**

**Caregiver 1 Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Daytime Contact Number: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Evening Contact Number: \_\_\_\_\_

Relationship to Child/ren: \_\_\_\_\_

**Caregiver 2 Name:** \_\_\_\_\_

Home Address (if different from above) \_\_\_\_\_  
\_\_\_\_\_

Daytime Contact Number: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Evening Contact Number: \_\_\_\_\_

Relationship to Child/ren: \_\_\_\_\_

**PEOPLE AUTHORISED TO COLLECT YOUR CHILD/REN**

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

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

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

Photo Yes No

Allergies Yes No

P Orders Yes No

S or N Yes No

Inhaler Yes No

Medical Yes No

**OFFICE USE ONLY**

**TWO EMERGENCY CONTACTS OTHER THAN PARENTS (THIS IS A LEGAL REQUIREMENT)**

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

Contact Number: \_\_\_\_\_ Relationship to Child/ren: \_\_\_\_\_

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

Contact Number: \_\_\_\_\_ Relationship to Child/ren: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Medical Instructions:

Does your child have any health needs that may require special attention?

\_\_\_\_\_  
\_\_\_\_\_

Are there any special instructions regarding access?

\_\_\_\_\_  
\_\_\_\_\_

Is there anything else we should know about in order to take good care of your child/ren?

\_\_\_\_\_  
\_\_\_\_\_

**UNACCOMPANIED RELEASE:**

I authorise Koraunui Care Centre to release my child/ren to walk/ride home on their own or leave KCC to attend a sports practice etc. I am aware that it is my responsibility to contact the Care Centre when I wish this to happen and I acknowledge that neither the staff nor management of the programme will be liable for any loss, damage (by way of accident, injury, theft or otherwise) arising from this authorization.

Name of Caregiver: \_\_\_\_\_

Signature of Caregiver: \_\_\_\_\_

**DIGITAL IMAGE PERMISSION:**

During the programme, photos of your child/ren may be taken and used in the school newsletter, local newspaper items, the school website and wider publications i.e. the OSCAR newsletter which is available nationwide. Do you give permission for such photos to be used?

I do/do not give permission for photos of my child/ren to be used for the above publications.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SOLE CHARGE STAFFING**

During the programme when numbers are 7 or lower, we may only have one staff member on duty. In the case of an emergency there will be a back-up person available at short notice. Please sign below to indicate you\ have read and understood this.

Name of Caregiver \_\_\_\_\_

Signature of Caregiver \_\_\_\_\_

**METHOD OF PAYMENT**

Our charges are \$12.00 for the afternoon session, \$60.00 for the week and \$7.00 for the morning session, \$35.00 for the week and \$17.00 a day if your child attends both the morning and afternoon session in the same day, \$85.00 for the whole week. There is a \$14.00 a session charge for casual afternoon bookings and \$9.00 for morning sessions. If you have a permanent booking you will be charged for the sessions your child/ren is/are booked in for, whether or not they attend (this includes public holidays). Any charges incurred in recovering outstanding fees will be passed on to the parent/caregiver.

Please indicate your method of payment and which day this will begin. If you require a WINZ form, please let the Supervisor know. If you require an automatic payment form, please let the Supervisor know.

**WINZ                      CASH                      AUTOMATIC PAYMENT                      OTHER: \_\_\_\_\_**

**DAYS OF CARE REQUESTED:**

Please indicate which sessions you would like your child to attend:

Morning              Mon      Tues      Wed      Thur      Fri

Afternoon              Mon      Tues      Wed      Thur      Fri

Start date \_\_\_\_\_

**I AGREE AND ACKNOWLEDGE:**

- I have read and understood the above information
- The Supervisor has my permission to arrange any necessary urgent medical treatment at my cost

All care will be taken to provide supervision of children attending the programme in accordance with the programme policy and procedures. I can at any time, read the full policies that are available at Care Centre. I am aware of the late fee applicable should I not pick up my child/ren by 5.45pm and that any charges incurred in recovering outstanding fees will be passed on to the me. I acknowledge however, in signing this form, that neither the staff nor management of the programme will be liable for any loss or damage (by way of accident, injury, theft or otherwise) arising out of attendance at the programme.

Any personal information supplied will be kept secure and will not be disclosed to any third party. Any personal information supplied will only be used for the purpose for which it was provided or permitted by the Privacy Act 2020 or otherwise required by law. Any information gathered may be viewed by the Ministry of Social Development for audit purposes, in line with the Privacy Act 2020, personal information required to be utilised that relate to any unpaid fees, can be passed to a debt collection agency and/or department of courts.

Name of Caregiver: \_\_\_\_\_

Signature of Caregiver: \_\_\_\_\_

Date: \_\_\_\_\_