

# Whatawhata After School Care Programme Enrolment Package 2020

Welcome to the Whatawhata After School Care Programme.

Our Programme is supervised child-care which runs from 2.30-5.30pm Monday to Friday during the school term. Only enrolled children attending the after school care programme are able to attend. Children are provided with afternoon tea and enjoyable activities.

There is a charge for each child attending the programme, and a booking fee which can be avoided if you make contact of absences through the skoolbag app before 8.30am that day. Due to recent growth we are at this time unable to accept casual bookings.

## **Childcare Fees:**

<b>No. of children</b>	<b>Standard Fee from 2.30pm-5.30pm</b>
<b>1 child</b>	\$15.00
<b>Additional sibling</b>	\$ 11.50 per additional child
<b>Late Fee</b>	\$15.00 per child per 15 min

Whatawhata After School Care Programme is registered as an Out of School Care and Recreation Provider (OSCAR). Childcare subsidies are available through Work and Income New Zealand (WINZ) for those families that meet the criteria.

Whatawhata After school care program is administered through Whatawhata School and is a non-profit organization. The fees and any subsidies will be used to cover the wages, food and any activities for the children attending the programme. All profits are used to support the children of our school!

We aim to supply quality, affordable after school care so that children attending our programme can relax and enjoy their time with us and parents can have peace of mind knowing that their children are well cared for.

If at any time you have questions or concerns please contact Warren Wood, the After School Care manager.

## **Bookings and Contacts**

<b>App</b>	<b>Skoolbag</b>
<b>Phone office:</b>	<b>829-8820</b>
<b>Txt office:</b>	<b>022 167 1290</b>
<b>ASC mobile (2:30-5:30):</b>	<b>022 508 5973</b>
<b>ASC manager, Warren Wood</b>	<b>warrenw@whatawhata.school.nz</b>

# Whatawhata After School Care Programme - Enrolment Form

Please complete this form and hand it to the Whatawhata After School Care Manager or office. All information will be kept confidential and will be used solely for the purposes of maintaining effective contact with children's parents, and managing emergencies or illness safely. It is the responsibility of the parent/caregiver to advise the Supervisor should there be any change in contact absences or other details. As we are an OSCAR funded program, for auditing purposes the MSD may look at your information.

## Personal details of the child/children

Name: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Date of birth 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Days Attending (Please tick)      Monday,      Tuesday,      Wednesday,      Thursday,      Friday  
                                                                                       

Date of first day of attendance at After School Care: \_\_\_\_\_

## Family Details

Name of Parent/guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Name of Parent/guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

## Emergency Contact

Please provide the names of 2 adults who can be contacted in an emergency.

Name of Parent/guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

Name of Parent/guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

I/we give consent to any emergency medical treatment for my\our child/children deemed necessary by a qualified medical practitioner:

Name \_\_\_\_\_

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

**Please turn over and complete the other side**

I/we give consent for a qualified first-aider to administer minor medication and first aid if required:

Name \_\_\_\_\_

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

**Medical, social, educational and dietary needs**

Is there anything staff should know about your child/children's needs.

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

Family Doctor \_\_\_\_\_

Address of Medical Centre \_\_\_\_\_

Medical centre phone number \_\_\_\_\_

**Consent to swim in Whatawhata School Pool**

I/we do not give my/our child/children permission to swim in the Whatawhata School pool during the swimming season under the supervision of a staff member.

Name \_\_\_\_\_

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

Swimming Ability	Yes	No	Don't Know
Is your child able to swim 19 metres?(one length of the pool)			
Is your child able to float?			
Is your child water confident in the pool?			
Is your child safety-conscious in and around water?			

**Declaration**

**I/we have read the terms and conditions of the Whatawhata After School Care Programme and agree to these.**

Name \_\_\_\_\_

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