



PAPER ENROLMENT FORM

September 2019

If you prefer online enrolment, please visit www.play-time.co.nz

Which Play Time centre will your child be attending?					
Child's details:					
Child's official surname or family name :					
Child's official given name :			Child's preferred name :		
Child's date of birth: d d / m m / y y	School:	Rm No:	Child's sex:		
Child's home address:					
Please tick the boxes below for the sessions you would like your child to attend:					
BEFORE/AFTER SCHOOL CARE	Monday	Tuesday	Wednesday	Thursday	Friday
BEFORE SCHOOL CARE (7am-8.30am) (not available at all centres)					
BEFORE SCHOOL CARE (7.30am-8.30am)(not available at all centres)					
AFTER SCHOOL CARE (2.30pm/3pm – 4.30pm) not available at all centres					
AFTER SCHOOL CARE (2.30pm/3pm-6pm)					
What date would you like your child to start / end?					
HOLIDAY PROGRAMME	Monday	Tuesday	Wednesday	Thursday	Friday
LONG DAY (7.30am/8am – 5.30pm/6pm)					
FULL WEEK/LONG DAY (7.30am/8am – 5.30pm/6pm)					
SCHOOL DAY (7.30am/8am - 3pm)					
What date would you like your child to start / end?					
Parent/Caregiver details 1					
Name:			Relationship to child:		
Home address:					
Home phone:	Daytime phone:	Mobile phone:			
Email address:					
Will you be applying for WINZ subsidy? (please circle) Yes / No			SWN Number:		
Parent/Caregiver details 2					
Name:			Relationship to child:		
Home address:					
Home phone:	Daytime phone:	Mobile phone:			
Email address:					
EMERGENCY CONTACTS X 2 (MUST HAVE THESE – THEY DO NOT NEED TO BE IN TAURANGA OR NZ)					
Name:			Name		
Home address:			Home address:		
Home phone:	Mobile phone:	Home phone:	Mobile phone:		



Additional information		
Home phone:	Daytime phone:	Mobile phone:
Does your child have any health needs we should be aware of? (eg, allergies, epipen, food requirements, asthma, hearing aids etc)		
Doctor's Name:	Doctor's phone:	
Is there anything else we should know about in order to take good care of your child? (eg, custody arrangements, behavioural issues etc)		
Additional Pick Up: please add people (additional to above contacts) who are permitted to pick up your child		
Name:	Mobile phone:	
Name:	Mobile phone:	
Media		
I give permission for photos of my child to be posted on the CLOSED Facebook page. We will not use photos on any public platform (eg. Website) without specific prior approval from parents. (please circle) Yes/No		
Parent/Caregiver contract:		
Please sign this contract to complete enrolment. If you have any questions about the programme please do not to hesitate to ask a member of staff. I/we agree and acknowledge that:		
<ul style="list-style-type: none"> · I have read and understand the enrolment information and parent information leaflet. · Should emergency care be required for my child, the programme supervisor has my permission to arrange any necessary medical treatment at my cost. · I will notify the supervisor of any changes to enrolment information at least a week before the changes are to take effect, in writing. If your child is enrolled for a session, we expect him/her to attend the programme, and a fee will be charged for that day. · I agree to pay fees as stipulated, any collection costs at my cost. · All care will be taken to provide supervision of children attending the programme in accordance with programme policies and procedures. · The OSCAR Programme Policies and Procedures including behaviour management are available for viewing at each venue. 		
Parent/Caregiver: _____ Signature: _____ Date: _____		
Please scan and email this form to: thurla@play-time.co.nz Or drop it in at the Venue with a Supervisor. Or phone Thurla 021 1919 222 if you have any questions!		
Privacy Act 1993: The information that you have supplied is necessary for the safe and effective operation of the OSCAR programme. You are welcome to review information pertaining to your child's enrolment at any time.		