

Kora Care After School Programme

Enrolment Form



All information provided will be kept confidential and will be used for the purposes of maintaining effective contact with children's parents/guardians; managing emergencies, on health and safety matters.

Information will not be shared with any third party except with parent or guardian's permission, or as required by legislation. It is the responsibility of parents/guardians to ensure this information is confirmed each term and to inform Kora Care Supervisor of any change of details.

Child Details

Name	DOB	Age	Room
1.			
2.			
3.			

Parent/Guardian:

Name:

Address:

Work Phone:

Home Phone:

Mobile Number:

Email Address:

Relationship to child/ren:

Parent/Guardian:

Name:

Address:

Work Phone:

Home Phone:

Mobile Number:

Email Address:

Relationship to child/ren:

Please provide the names and contact details of two people other than yourself, that you authorise to collect your child/ren. The nominated people can be family members, neighbours or friends. Please ensure your emergency contacts know about their roles and have agreed to it.

Contact 1:

Name:

Address:

Day time phone number:

Mobile Number:

Relationship to child/ren:

Contact 2:

Name:

Address:

Day time phone number:

Mobile Number:

Relationship to child/ren:

Please note that if you wish your child/ren to be collected by someone not listed you must inform us prior to pick up or we will NOT release your child.

Please contact the Supervisor if there is someone who can not have access to your child/ren.

MEDICAL AND SOCIAL DETAILS:

Family Doctor:

Phone Number:

Medical Centre:

Address:

MEDICAL / DIETARY CONDITIONS:

Is there anything the staff should know about your child's or children's medical or social history?4

If your child/ren suffers from an allergy -***please indicate the symptoms and what steps are to be followed in care of a reaction*** (e.g. – give medicine, call for an ambulance) so that we can help your child as best as possible.

Please ask for the Medicine Authorisation Form if your child could need medicine administered.

FEE PAYMENT

	YES	NO
I / We will pay at the beginning of the month by internet banking		
I / We will pay weekly or fortnightly (please circle)		

CONSENT TO SWIM IN KORAKONUI SCHOOL POOL

	YES	NO	NOT SURE	COMMENTS
I / We do give my child/ren permission to swim in the Korakonui School Pool, under the supervision of Kora Care staff members (please tick one)				Swimming in the school pool might be offered in Term 1 & 4. A maximum ration of 1:5 (1 caregiver for 5 children will be in place)
IS YOUR CHILD/REN				
<ul style="list-style-type: none"> ● Safety conscious in and around water? ● Water confident in a pool? ● Able to float? ● Able to swim 20m without touching the bottom of the pool? 				

PERMISSION TO TAKE PHOTOS:

Permission to show your child's image on a Notice Board at School

Yes / No (please circle)

Permission to show child's image in Kora Care News Letter

Yes / No (please circle)

DECLARATION:

I / We have read and understand Kora Care After School Programmes fees schedule and agree to pay our account in full in line with the terms of Kora Care’s fee policy.

I / We understand that, should the account fall into arrears my/our child/ren maybe refused admission until the debt is cleared.

I / We have read and understand the enrolment information, agree to abide by the policies and conditions of the Kora Care After School Programme and wish to enrol my/our child/ren

I / we give consent to any emergency medical treatment for my child deemed necessary by a qualified medical practitioner and accept responsibility for any cost due for medical attention.

Name:

Signature

Date:

Name:

Signature

Date:

Kora Care After School Programme Booking

Child / Children’s details

type of booking (circle or highlight)

Permanent / Casual

NAME	DOB	Enrolment days (circle)
1.		Mon, Tues, Wed, Thurs, Fri
2.		Mon, Tues, Wed, Thurs, Fri
3.		Mon, Tues, Wed, Thurs, Fri

Starting Date:

/ /