

Safe Kids In Daily Supervision Ltd

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Enrolment forms for SKIDS Wadestown **Please complete and return.**

Name of Child _____ Age _____ Birthday _____
Name of Child _____ Age _____ Birthday _____

Anticipated commencement date _____

Attendance Requirements:

Before School Care - indicate days required

◆ Monday Tuesday Wednesday Thursday Friday

After School Care - indicate booking required

◆ Full Time (collect after 4pm) Monday to Friday

◆ Early collection (before 4pm) Monday to Friday

◆ Part Time / Casual intended days of attendance –

Monday Tuesday Wednesday Thursday Friday

Comments: _____

Full residential address of child _____

Postal address if different _____

Parent / Caregiver Information

Please give full names

Mother _____ Father _____

Parent / caregiver telephone numbers

Home _____ Work Mother _____ Work Father _____

Mobiles _____ or _____

Email _____

Emergency contacts other than parents / caregivers

Contact 1: Name _____ Relationship _____ Telephone _____ Mobile _____

Contact 2: Name _____ Relationship _____ Telephone _____ Mobile _____

Please provide a list of people approved to collect your child from SKIDS.

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

N.B. We may not release your child to an unlisted person without prior written notification. If any person not listed and not known to the programme staff, should attempt to collect your child from the programme permission will be refused.

Please also provide a list of any specific people that are most definitely not authorised to collect your child from SKIDS.

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Please provide a named photo of these people to assist SKIDS staff in identification.

Is this child involved in a custody dispute? Yes No Please asterisk the appropriate name/s on the list above.

Please read the Parent Information Pack sections regarding Signing Out and Non-authorized Pick Up.

Please list below any other specific instructions or information you can provide for us that would be helpful and assist us in the care of your child.

Child's Doctor _____ Phone: _____

Does your child have any of the following:

A.D.D / A.D.H.D.	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
Allergies	<input type="checkbox"/> see box below	Haemophilia	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Heart problems	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Other _____	

Is your child on any medication? Yes No

What? _____

Dosage? _____

If your child has allergies, please tell us what they are and if they have severe reactions – e.g. High, Moderate, Low.

◆ **Bee sting** Severity _____ Medication or Action to be taken _____

◆ **Food** What food/s? _____
Severity _____ Medication or Action to be taken _____

◆ **Medicines** What? _____
Action to be taken _____

Does your child wear: - Glasses? Hearing Aid?

Please list any information or special instructions regarding the health and well-being of your child.

Please read and sign the following statements regarding medication.

I hereby give permission to the staff of the above SKIDS programme to administer medically prescribed medication to my child. I understand that the staff will record each administration of medication. I acknowledge that all care will be taken and will not hold SKIDS responsible.

Name _____ Signature _____ Date _____

I hereby notify SKIDS that my child carries medication with them and will self medicate when necessary. I understand that my child is to let staff know when they self medicate so that a record may be kept and any further instructions followed.

Name _____ Signature _____ Date _____

Off Site Excursions SKIDS programmes will at times have special trips and activities that occur away from the main site. Please read the Excursions section of the Parent Information for further details. .

Please read and sign this permission statement.

I hereby give SKIDS permission to transport my child off a SKIDS designated site of operation if and when required ie evacuation, group trip etc

Name _____ Signature _____ Date _____

I acknowledge that photographs of my child or items of my child's work completed at the SKIDS programme may be used at a later date for marketing and promotional purposes. And I hereby give my consent and no further permission will be required.

I acknowledge that the information contained herein is confidential and, pursuant to the Privacy Act, will only be strictly used by the SKIDS team to effectively care for my child and not used or distributed for any other purposes.

I hereby give my permission for the SKIDS staff to treat my child if a minor accident occurs. In the case of a more urgent matter I understand an ambulance will be called first then I will be notified.

Fees are our only source of income. To operate efficiently we require that fees be kept up to date.

For those that wish **to retain a regular booking** payment is required 2 weeks in advance. Shorter-term payments may be arranged by automatic payments directly to the programme bank account. Please see the programme manager and obtain the appropriate form. The rate charged is dependent on a 'firm' booking. When a child attends extra days, which are outside of the confirmed booking, these will be charged at the casual rate. The 'early pick up' rate is only payable for confirmed early pick up bookings. Two weeks notice, in writing, must be provided if a child is to be withdrawn from the programme or there is a change required to the days of care, otherwise a 2-week fee is payable based on the previous booking. **NO refunds** are given for absences and all public holidays are charged at the applicable rate for bookings normally required that day.

I declare that I have read this document fully and that the information given above is true. I acknowledge that in order to keep my place at SKIDS that I need to keep my account up to date.

[I have attached the first two weeks payment in advance. I am aware that any default by me for the payment of outstanding fees may result in debt collection action and all costs associated with this action will be at my care.](#)

I acknowledge that it is my responsibility to advise SKIDS immediately of any change in the above information.

Name _____ Signature _____ Date _____

[For payments made electronically or auto payments please put your child's initial followed by surname as REFERENCE and School Name \(Wadestown\) as CODE Bank # Westpac 03-0539-0277660-00](#)