Text

Description automatically generatedKids Club OSCAR Programme

**ENROLMENT FORM**

Please complete one form per child

**Child’s Details**

|  |  |
| --- | --- |
| First name: | Surname: |
| Date of Birth: | Ethnicity: |

**Parent/Caregiver Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First name: | Surname: |  | First name: | Surname: |
| Home/Mobile number: | |  | Home/Mobile number: | |
| Home address: | |  | Home address: | |
| Email address: | |  | Email address: | |
| Relationship to child: | |  | Relationship to child: | |

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| --- |
| **Custody Details** |
| Are there any custody arrangements/court orders that we need to be aware of?  *If so, please state instructions and notify here any person who is legally not allowed access to this child.*  *Please provide a copy of the order.* |
|  |

**Emergency Contacts (TWO Required) – Authorised to collect child**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First name: | Surname: |  | First name: | Surname: |
| Home/Mobile number: | |  | Home/Mobile number: | |
| Relationship to child: | |  | Relationship to child: | |

|  |  |
| --- | --- |
| **Medical Information** |  |
| Family Doctor: | Contact details: |
| Please detail any **additional/special needs** your child has: | |
| Please detail any **dietary requirements/allergies** for your child: | |
| Details of **medication, treatment or intervention** required: | |
| *Please note, if your child requires medication while at the programme it must be administered by a staff member. Please hand it to the Supervisor and complete a Medicine Consent Form* | |
|  | |
| **Is there any other information you would like to share about your child?** | |
| Client Complaints Procedure  **It is the goal of the Eastern Coromandel Community Services Kids Club to provide the best quality service to you and your whānau**  If you are unhappy with Kids Club, please write, or speak directly to the people involved. Issues and misunderstandings can often be resolved in this way.  If you feel unable to do this, please contact Jess Morrison (Co-ordinator) or Sarah Halliday (Manager) who will respond to the complainant in writing. From there we may arrange a meeting with the people involved. The manager may notify the board to investigate and provide a decision.  : [jess.morrison@communityservices.org.nz](mailto:jess.morrison@communityservices.org.nz) : [sarah.halliday@communityservices.org.nz](mailto:sarah.halliday@communityservices.org.nz) | |
| **Parent name:**  **Parent signature: Date:** | |
| **PRIVACY ACT 2020** – The information that you have supplied is necessary for the safe operation of the Holiday Programme.  This information may be shared with Te Kahui Kahu for audit purposes.  You are welcome to view information pertaining to your child at any time. | |