



P.O.Box 21, Clevedon.2248

Church Office ph: 2928 763

Before School Care & After School Care

Childs Name:..... D.O.B.....

Days attending B4SC.....

Days attending ASC.....

Start Date:.....

School Room.....

Parent/Caregiver 1 / & Accounts

Name:.....

Res. Address:.....

.....

Postcode:.....

PostalPostcode:.....

.....Postcode:.....

Email.....

Contact Phone 1 :

3.00 – 5.00pm

Home:.....

Work:.....

Cell:.....

Parent/Caregiver 2 :

Name:.....

ResAddress:.....

.....

Postcode :.....

PostalPostcode :.....

.....Postcode :.....

Email.....

Contact Phone 2 :

3.00 – 5.00pm.....

Home:.....

Work:.....

Cell.....

Office Use Only

Account Identifier:

Date Set Up:

Signature:

Two Emergency Contacts: Other than Parents/Guardians (If Possible)

Name:..... Phone :.....

Name:..... Phone:.....

People Picking up Child.....

.....

Doctor: Name:.....Phone:.....

Allergies:.....

.....

Relevant Health Issues:.....

.....

Other:.....

Please list any medications that may be required during After School Care time. Child will be supervised as they self-administer.....

.....

Permission: Should the occasion arise that neither the parents nor emergency contact can be contacted and needs medical attention, permission is given to take him/her to a medical centre.

Permission is/is not given for photographs to be taken and printed for A.S.C. and Parish newsletters.

The enrollment form is confidential and to be used for purposes of programme delivery. They will be stored securely in the office. The forms may be viewed by Ministry of Social Development representatives as required by their standards, for audit purposes.

Signed: **Date:**.....

.....

NB: Any changes must be noted above and signed by parent/guardian