



**Enrolment Form (Chipmunks After School Care and Before School Care)**

Welcome to Dunedin Chipmunks After School and Before School Care Programme

**Children's Details:**

Name(s): 1. .... Date of birth: ..... Age: .....  
2. .... Date of birth: ..... Age: .....  
3. .... Date of birth: ..... Age: .....

**Family Details: (State if caregiver)**

Mother: ..... Father: .....  
Address: ..... Address: .....  
Phone: Day: ..... Phone: Day: .....  
A/hours: ..... A/hours: .....  
Mobile: ..... Mobile: .....

**Emergency Contacts: (people not listed above!)**

Name: ..... Relationship to child: .....  
Phone: Day: ..... A/Hours: ..... Mobile: .....  
Name: ..... Relationship to child: .....  
Phone: Day: ..... A/Hours: ..... Mobile: .....

**People authorised to collect your child:**

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

Any additional information we should be aware of: (e.g.: who may not collect your child.)

.....

**Health needs of your child:**

Does your child have any particular health needs we should be aware of? Yes / No

If yes, please supply details: .....

.....Name of your  
family doctor: ..... Phone: .....

Is there anything else we should know about that would help us take good care of your child?

.....

**School Details:**

School: ..... Phone: .....

Child's name: ..... Room Number: ..... Teacher: .....

Child's name: ..... Room Number: ..... Teacher:.....

Child's name: ..... Room Number: ..... Teacher: .....

**Enrolment Details:**

Please circle the day(s) on which you would like to enroll your child:

Monday    Tuesday    Wednesday    Thursday    Friday

Casual (You enroll your child/ren and just let us know on the day you actually require care.)

Starting date: .....

Fees: \$19.50 - 1 child, 2 children - \$36.00, 3 children - \$46.00 per day. Enrolled days are paid for (sick, last minute cancellations etc)

***Fees to be paid weekly (any third party cost recovery at the family's expense)***

The information that you have supplied is necessary for the safe and effective operation of the After School Care programme. All personal information requested will be destroyed at the completion of your child's time at the programme. You are welcome to review information pertaining to your child's enrolment at any time.

***Parents – please sign this contract to complete enrolment.***

If you have any questions about the programme please contact Chipmunks Dunedin.

We agree and acknowledge:

*I have read the above information. Chipmunks Management has my permission to arrange any necessary urgent medical treatment at my cost. All care will be taken to provide supervision of children attending the programme in accordance with the programme policy and procedures. I acknowledge however, in signing this contract, that neither the staff nor management of the programme will be liable for any loss or damage (by way of accident, injury, theft or otherwise arising out of attendance at the programme).*

**1. Excursion Authority:**

I hereby authorise the above-named child/children to attend excursions off the premises whilst in the care of Chipmunks' After School Care Programme. I understand that while all care will be taken to ensure the safety and well being of the child/ren, that

neither the staff nor management of the programme will be liable for any loss or damage (by way of accident, injury, theft or otherwise arising out of attendance at these excursions).

**2. I / We agree and acknowledge:**

Chipmunks management has my permission to arrange necessary urgent medical treatment at my cost. All care will be taken to provide supervision of children attending the programme in accordance with the programme policy and procedures. I acknowledge however, in signing this contract, that neither the staff nor management of the programme will be liable for any loss or damage (by way of accident, injury, theft or otherwise arising out of attendance at the programme).

**3. I/We agree and acknowledge:**

That Chipmunks Franchise (.....) may from time to time as dictated by transport needs use a reputable/approved taxi company to transport my child (or children) from school to the Chipmunk centre.

**4. I/We agree and acknowledge:**

That Chipmunks Franchise (name) will normally utilize one fully licensed and competent adult member of staff to drive the Chipmunk's pick up vehicle (s), which may include staff's private vehicles.

I have read the above information, including items 1 to 4, and I agree to the terms of this agreement.

Signed: .....

Name: .....

Relationship to child/ren: .....

Date: .....

Signed: ..... Name: .....

Relationship to Child: ..... Date: .....