



Kids Rock Out of School Programme Enrolment Form 2015

Children's Name[s]: 1. Room: Date of Birth:/...../.....
2. Room: Date of Birth:/...../.....
3. Room: Date of Birth:/...../.....
4. Room: Date of Birth:/...../.....

Address:

Invoice e-mail address:.....

Mother's Name: [Title, Christian Name, Surname] Home Phone No:
.....

Place of Work: Work Phone No:

Father's Name: [Title, Christian Name, Surname] Home Phone No:
.....

Place of Work: Work Phone No:

Alternative Emergency Contact: Phone No:

Alternative Emergency Contact: Phone No:

Children named above live with: Mother only Father only Both parents [Please circle]

People authorised to collect my child[ren] from Kids Rock Out of School Programme:

1. Phone No:
2. Phone No:

Are there any special circumstances that we should be aware of in relation to your child, e.g. is there anybody you **DO NOT** wish to collect your child from Kids Rock Out of School Programme?

.....



CHILDREN'S HEALTH

Please write any health conditions that we should be aware of e.g. asthma, allergies, etc.

Name of Child : Condition:

Name of Child : Condition:

Name of Child : Condition:

Any serious illness, injuries or disabilities?

Name of Child : Type:

Name of Child : Type:

Name of Child : Type:

Food Allergies:

Name of Child : Type:

Name of Child : Type:

Name of Child : Type:

Any ongoing medications to be administered?

Name of Child: Medication: Dose:
.....

Name of Child: Medication: Dose:
.....

I hereby give permission for a staff member to give my child any required medication if it is requested in writing by me, or following a phone call.

Signature [Parent/Caregiver]:

Family Doctor is: Phone:



START DATE:

Breakfast Club After-School Holiday Programme Casual [Please Circle]

OUR REQUIREMENTS FOR KIDS ROCK OUT OF SCHOOL PROGRAMME

Please indicate the days you require your child to attend Kids Rock Out of School Programme by ticking the boxes.

Time	Monday	Tuesday	Wednesday	Thursday	Friday
7.30am – 8.30am					
3.00pm – 4.00pm					
3.00pm – 4.30pm					
3.00pm – 5.00pm					
3.00pm – 5.30pm					

OUR REQUIREMENTS FOR KIDS ROCK OUT OF SCHOOL HOLIDAY PROGRAMME

Please indicate the days you require your child to attend Kids Rock Out of School Programme by ticking the boxes.

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7.30am – 5.30pm					

CONDITIONS OF ENROLMENT

1. I understand that by making a Permanent or Holiday Enrolment/booking I will be charged for that time regardless of whether or not my child attends that day.
2. I agree to paying fees no later than 7 days after receiving the invoice/statement.
3. I understand that the above named child[ren] may be suspended if there is any default in payment.
4. I understand that cost recovery of any defaulted payment will be charged to the debtor.
5. I understand that a Casual Booking will depend upon the number of spaces available on the day and that 24 hours notice is required in order to check the availability of space. [Minimum charge of \$8.00 for one hour applies]. Bookings are charged for the whole time that the child/children is/are enrolled for and are not reduced due to early collection from the Programme, e.g.: If the child is booked in from 3:00 to 4:30 but is collected at 3:30 you will still be charged until 4:30.
6. I understand I will be charged for that time regardless of whether or not my child attends that day unless 24 hours notice is given to cancel my casual booking.
7. I understand that I will not drop my child[ren] at the Tirau Primary School gate. It is my responsibility to escort my child[ren] to the Tirau School Library, and to sign them in the register, unless prior arrangements have been agreed upon with Moe.



- I understand I will pick up my child[ren] from the Tirau Primary School Library at the end of the day and sign them out in the register.

Kids Rock Out of School Programme will provide a happy, safe and learning environment for your child[ren].

We will look to you for support in any disciplinary matters that may arise.

Despite offering high standards of supervision, the Kids Rock Out of School Programme staff do not accept responsibility for breaches of behavioural expectations such as leaving the school grounds.

The applicant accepts that any behaviour deemed by the Programme Manager to be unreasonable or unsafe may be considered reason for suspension from the Kids Rock Out of School Programme.

Signature [Parent/Caregiver]: Date:

DECLARATION

- I understand that the Kids Rock Out of School Programme staff will exercise due care, but will not be liable for any injury, damage or loss which my child[ren] may sustain to their person or property.
- In the event of sickness or accident I authorise qualified medical attention be arranged at my expense.
- I give permission for the Programme staff to administer first aid.
- I have received a copy of the fee structure and the enrolment book and agree to abide by these conditions.

Signature [Parent/Caregiver]: Date:

FEE STRUCTURE 2015

Permanent Bookings

Permanent bookings will be charged whether or not your child attends. Any extra hours required over and above your permanent booking will be charged at \$7.00 per hour [minimum charge of one hour applies].

Casual Bookings

Bookings will depend upon the number of spaces available on the day. **24 hours notice is required in order to check availability of space.** [Minimum charge of \$8.00 for one hour applies]. Bookings are charged for the whole time that the child/children is/are enrolled for and are not reduced due to early collection from the Programme, eg: If the child is booked in from 3:00 to 4:30 but is collected at 3:30 you will still be charged to 4:30.

Fee Structure

- \$7.00 per hour per child for a permanent enrolment
- \$8.00 per hour per child for a casual enrolment
- \$42.00 - holiday programme fee per day**
- 10% discount for 2 children**
- 15% discount for 3 or more children**
- Fees outstanding for longer than two weeks may be charged an Administration Fee of \$5.00**
- Fees are required to be paid no later than 7 days after receiving the invoice, unless prior arrangements are made with Moe [refer to below].**
- \$1.00 per minute Late Fee will be charged if your child is picked up after 5.30pm**
- Please note that for off-site excursions extra charges will apply for entry fees.**

Hourly rate fees are charged at the full rate for the first hour, thereafter the charges are in 15 minute increments ie: 4.09 pm the charge will be rounded up to 4.15 pm.



OSCAR Subsidy

Work and Income New Zealand Subsidised care is available for up to 20 hours care for before and after school, and up to 50 hours for holiday care. Most families qualify for some subsidy. Application forms are available on request.

OSCAR Subsidy [Current]

Number of children	Gross weekly income	OSCAR Subsidy [per hour, per child]	OSCAR Subsidy [per hour, per child]	
			Term Time [for 20 hours]	Holidays [for 50 hours]
1	Less than \$1,200.00	\$3.98	\$79.60	\$199.00
	\$1,200.00 to \$1,299.99	\$2.78	\$55.60	\$139.00
	\$1,300.00 to \$1,399.99	\$1.54	\$30.80	\$77.00
	\$1,400.00 or more	nil	nil	Nil
2	Less than \$1,380.00	\$3.98	\$79.60	\$199.00
	\$1,380.00 to \$1,489.99	\$2.78	\$55.60	\$139.00
	\$1,490.00 to \$1,599.99	\$1.54	\$30.80	\$77.00
	\$1,600.00 or more	nil	nil	Nil
3 or more	Less than \$1,540.00	\$3.98	\$79.60	\$199.00
	\$1,540.00 to \$1,669.99	\$2.78	\$55.60	\$139.00
	\$1,670.00 to \$1,799.99	\$1.54	\$30.80	\$77.00
	\$1,800.00 or	Nil	Nil	Nil



Invoicing

Invoices will be issued weekly on a Tuesday. Refer to the terms of conditions for payments below.

Payments

Payments can be made directly in the school account via internet banking or direct credit to:

Account Name: Hammond Investments Ltd

Bank: ANZ

Account Number: 01-0204-0014404-01

Please use the following references when paying by internet banking or direct credit:

Code: Invoice Number

Reference: Account Number

Terms and Conditions for payment:

I agree to settle my account by each Thursday for the previous week’s care, unless prior arrangements have been made with Moe. I am aware that I will be liable for collection fees and/or late payment fees if my account is not settled as agreed. Should the account remain unpaid for more than 14 days, I understand my child may be excluded from the programme.

I understand that if I have reserved a regular place and my child is unable to attend on that day, a text must be sent to 021 0787316 by the times stipulated in the enrolment form. If I do not send a text advising of an absence I understand that charges will be incurred as staffing levels each day are regulated by the number of students expected.

I agree to pay the charge of \$1.00 per minute for any late pick-up being after 5.30 pm, the closing time of the programme.

I/We, _____ have read and understood the Kids Rock Out of School Programme policy and procedures. We hereby agree to respect and abide by the policy and procedures of Kids Rock Out of School Programme.

My/Our signatures below confirm[s] that I/we hereby agree to abide by the child care contract in its entirety, including each and every policy and guideline, and that they have been explained to my/our complete satisfaction.

Signature [Parent/Caregiver]: Date:

Signature [Parent/Caregiver]: Date:

Thank you for your support.

Moe Robinson
Kids Rock
PROGRAMME MANAGER
outofschool@kidsrock.net.nz
m: 021 078 7316



Complaints procedure

All complaints with regards to the programme or staff members should be addressed as follows:

- a. Approach the Programme Manager who will investigate the complaint.
- b. The Programme Manager will communicate the findings of the investigation within 14 days to the whanau or caregiver.
- c. Where possible a mutually agreeable outcome will be sought.

Complaint Form

Name of complainant:

Address:

Contact phone: [home]..... [work]..... [mobile]

Nature of the complaint: [please describe who or what the complaint is about]

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.....
.....
.....
.....
.....
.....
.....

Please hand the complaint form to the Programme Manager. Your complaint will be treated in the strictest confidence, however the matter may need to be discussed with the parties involved to resolve this issue.

The Programme Manager will contact you to discuss the situation further and every effort will be made to resolve the issue to the satisfaction of the parties involved.

Signed by the complainant: Date:

To be signed by the following once the complaint has been resolved:

Signed by the complainant: Date:

Signed by the Programme Manager: Date:



MEDICINE NOTIFICATION/CONSENT FORM

The parent/guardian must complete a consent form when medicine is required to be administered. For the safety of all of the children in our care please ensure your child's medication is given to either Moe or Jacque on arrival.

Child's Name:

Name of Medication:

Reason for the Medication:

Duration of Administration:

Start date: Stop date:

Dosage: Frequency:

Emergency contact number:

Is your child self-administering?

Is the medication to be administered by the After School Care?

Name of Prescribing Doctor/Specialist:

Name of Prescribing Medical Centre:

Parent/Caregiver contact Phone No:

I/We _____ consent and approve that staff at Kids Rock Out of School Programme may administer the medication that I/we have provided for the purpose described above.

I/We understand that staff at Kids Rock Out of School Programme will administer the medication in accordance with the directions on the medication package.

I/We understand that Out of School Programme may contact the prescribing Doctor/Specialist if the need arises.

Signed: _____ Date: _____