Name of Child:

Age: Birthday: Gender : Male / Female

Ethnicity:

Anticipated commencement date:

# Attendance Requirements:

Before School Care

Full time (Monday to Friday) 

Part time / casual  *please circle one*

Monday  Tuesday  Wednesday  Thursday  Friday 

# After School Care

Full time (Monday to Friday) 

Part time / casual  *please circle one*

Monday  Tuesday  Wednesday  Thursday  Friday 

**Early Pick Up (4pm)**

Full time (Monday to Friday) 

Part time / casual  *please circle one*

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 and email

Home:

Mother (W): Mob:

Father (W): Mob:

Email:

# Emergency contacts other than parents / caregivers

# Contact 1:

Name:

Relationship:

Tel: Mob:

# Contact 2:

Name:

Relationship:

Tel: Mob:

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

1.

2.

3.

4.

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.

2.

3.

4.

# (PLEASE SPECIFY WHAT ACTION YOU WOULD LIKE US TO TAKE SHOULD UNAUTHORISED PERSON ARRIVE AT THE SKIDS)

# 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-authorised 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.  Epilepsy 

Allergies  see box belowHaemophilia 
Asthma  Heart problems 

Diabetes  Other 

PLEASE PROVIDE A SEPARATE PROTOCOL SHEET FOR SEVERE CONDITIONS

## Is your child on any medication? Yes  No

What?

Dosage?

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

 Bee sting Severity: High, Moderate, Low (Please circle one)

Medication or Action to be taken:

 Food Severity: High, Moderate, Low (Please circle one)

What food/s?

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 i.e. 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 by 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.

‘Representatives from Child Youth & Family may view this information as part of the programme assessment process’

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.

**TERMS AND CONDITIONS**

* 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.
* Interest on overdue invoices shall accrue daily from the date when payment becomes due, until the date of payment, at a rate of two and one half percent (2.5%) per calendar month (and at SKIDS’s sole discretion such interest shall compound monthly at such a rate) after as well as before any judgment.
* In the event that your payment is dishonoured for any reason then you shall be liable for any dishonour fees incurred by SKIDS.
* If you default in payment of any invoice when due, you shall indemnify SKIDS from and against all costs and disbursements incurred by SKIDS in pursuing the debt including legal costs on a solicitor and own client basis and SKIDS’s collection agency costs.
* Without prejudice to any other remedies SKIDS may have, if at any time you are in breach of any obligation (including those relating to payment) SKIDS may suspend or terminate the enrolment and is absolved of its other obligations under the terms and conditions. SKIDS will not be liable to you for any loss or damage that you may suffer because SKIDS has exercised its rights under this clause.
* If any account remains overdue after thirty (30) days then an amount of the greater of twenty dollars ($20.00) or ten percent (10%) of the amount overdue (up to a maximum of two hundred dollars ($200.00)) shall be levied for administration fees which sum shall become immediately due and payable.
* ***By signing below you authorise SKIDS to:*** –collect, retain and use any information about you for the purpose of assessing your credit worthiness or marketing products and services to You; and
* disclose information about you, whether collected by SKIDS from you directly or obtained by SKIDS from any other source, to any other credit provider or any credit reporting agency for the purposes of providing or obtaining a credit reference, debt collection or notifying a default by you.
* Where you are an individual the authorities under this clause are authorities or consents for the purposes of the Privacy Act 1993.
* You shall have the right to request from SKIDS a copy of the information about you retained by SKIDS and the right to request SKIDS to correct any incorrect information about you held by SKIDS
* 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: