

O.S.C.A.R. South Otago Combined Enrolment Form

***Child details (ONE FORM PER CHILD TO BE COMPLETED)**

Name: _____ Age: _____ Date of Birth: _____ / _____ / _____

School: _____ School Phone: _____

***Enrolment Options**

(Please tick the Programme/s your child will attend)

1. Programmes: Before School After School Holiday

2. Please enter start and finish times (approx.)

Before School: Start: _____ Finish: 8.30am _____

After School: Start: _____ Finish: _____

Holiday Programme: See separate sheet for enrolment times

(Please tick Attendance type)

3. Attendance Type: Permanent Casual

(Please tick the day/s you would like to enrol your child)

4. Days Attending: Monday Tuesday Wednesday Thursday Friday

***People authorised to collect your child:**

Name: _____ Phone: _____

Name: _____ Phone: _____

***Parent or Caregiver's Details (Name on account for Billing)**

***Mother's name: (if applicable)** _____

***Date of Birth:** _____ / _____ / _____

***Email Address:** _____

***Home address:** _____

***Telephone: (Work)** _____ **(Mobile)** _____ **(Home)** _____

***Father's name: (if applicable)** _____

***Date of Birth:** _____ / _____ / _____

***Email Address:** _____

***Home address:** _____

(if different)

***Telephone: (Work)** _____ **(Mobile)** _____ **(Home)** _____

***Emergency contact (Needs to be 2 people in the Clutha area)**

1. Name: _____ Relationship to child: _____

Address: _____

Telephone contact between 3.00 and 5.30pm: _____

2. Name: _____ Relationship to child: _____

Address: _____

Telephone contact between 3.00 and 5.30pm: _____

(* Denotes mandatory information required)

O.S.C.A.R. South Otago Holiday Programme Enrolment Form

Please Enter Start and Finish Times in The Boxes

WEEK ONE

Time	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Full Day					
Other					

WEEK TWO

Time	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Full Day					
Other					

WEEK THREE

Time	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Full Day					
Other					

WEEK FOUR

Time	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Full Day					
Other					

Name of parent: _____

Signature of parent: _____ **Dated:** _____

(Please notify NEW CONTACT DETAILS if changed since child was first enrolled)

Doctor's details

Children's' Doctor: _____ Telephone: _____

Address: _____

***Copy of Immunization Certificate Supplied** **Required to complete enrolment**

Additional information

Does your child have any particular health needs we should be aware of? e.g. allergies, food requirements, asthma, medical conditions etc.

Is there anything else we should know about in order to take good care your child? e.g. custody arrangements, special needs, behavioural issues etc.

Parent contract

Please sign this contract to complete enrolment. If you have any questions about the programme or wish to see a copy of the programme policies prior to signing, please do not to hesitate to ask a member of staff.

- I/we agree and acknowledge:
- I have read and understand the enrolment information.
- The supervisor has my permission to arrange any necessary urgent medical treatment at my cost.
- I will notify the supervisor of any changes to enrolment information in a timely fashion.
- I agree to pay fees as stipulated in the fees policy.
- I agree to the conditions as set out in the parent obligations sheet.

All care will be taken to provide supervision of children attending the programme in accordance with programme policies and procedures.

Name of parent: _____

Signature of parent: _____ **Dated:** _____

Privacy Act 2020: The information that you have supplied is necessary for the safe and effective operation of the OSCAR programme. All personal information requested will be destroyed at the completion of your child's time in the programme. This form may be reviewed by Ministry of social Development and/or Te Kahui Kahu Social Services for the purpose of Accreditation or Audits. You are welcome to review information pertaining to your child's enrolment at any time.

WINZ OSCAR SUBSIDY APPLICANT: (Tick relevant form given)

- NEW APPLICATION FORM
- DECLARATION FORM
- CHANGE OF CIRCUMSTANCES FORM

INVOICES CHOICES

***Please indicate if you would like posted or emailed:**

STATEMENTS

- Posted
- Emailed

INVOICES

Weekly (all invoices are done weekly)

- Posted
- Emailed

(this is the preferred option)

PHOTO CONSENT

***Please indicate if photos of your child/ren are taken whether they allowed to be used for:**

- A. OSCAR Facebook page
- B. Closed Group Facebook page only
- C. Newspapers/Flyers only
- D. All of the above

Name of parent: _____

Signature of parent: _____ **Dated:** _____

Parent Agreement

- I wish to enrol my child/ren in your Out of School Care and Recreation (O.S.C.A.R.) Programme. I acknowledge and agree to the following conditions:
- All children, including those attending casually must be formally enrolled. (See attached enrolment form).
- All children are to be collected no later than 5.30pm unless other arrangements have been made. A penalty fee may be charged for failure to collect children by this time as per the payment of fees policy. On each occasion that the children will not be attending a pre-booked day, the Manager must be informed at least by 12pm that day; an Absence Fee of 1 hour (\$7.50 GST incl) will be charged for that day.
- Only persons identified on the enrolment form will be allowed to pick children up from the programme unless The Manager has been previously advised. People under the age of 16yrs are not permitted to pick children up from the programme.
-
- The staff at the programme will be advised of any change of details contained in the enrolment form.
- The manager may arrange urgent medical attention at my expense.
- The Manager will be advised of any situation, which may be disturbing my child/ren.
- It is ultimately my responsibility to ensure that my child acts in an appropriate manner while at the programme. Behaviour, which consistently affects the quality of care of the other children, may result in suspension or removal from the programme as set out in the Behaviour Management Policy.
- I agree to pay for damage wilfully caused by my child.
- I understand that my child is responsible for their own property.
- Photographs of my child may be used for genuine resources and publicity purposes.
- I agree to abide by the Policies and procedures of the New O.S.C.A.R. South Otago programme. (A copy of all current policies and procedures can be obtained from the manager.)
- I am required to sign my child/ren In/Out of the programme when I drop them off or pick them up.

NEW O.S.C.A.R. BALCLUTHA TRUST COPY

NEW O.S.C.A.R. FEE SCHEDULE BEFORE / AFTER SCHOOL PROGRAMME

SESSION HOURS	BEFORE SCHOOL		AFTER SCHOOL
		6.30 - 8.30AM	
	HOURLY		HOURLY
	2 HOURS		2 ½ HOURS
RATES PER FAMILY	Incl GST	Excl GST	Incl GST
1ST CHILD	\$8.00	\$6.96	\$8.00
2ND CHILD	\$6.85	\$5.96	\$6.85
3RD CHILD PLUS	\$5.70	\$4.96	\$5.70

HOLIDAY PROGRAMME

SESSION HOURS	MORNING	AFTERNOON	FULL DAY
		6.30AM - 12.00PM	12.00 - 5.30PM
	5 ½ HOURS	5 ½ HOURS	11 HOURS
RATES PER FAMILY	PER DAY	1/2 DAY	HOURLY
1ST CHILD	\$88.00	\$44.00	\$8.00
2ND CHILD	\$75.35	\$37.68	\$6.85
3RD CHILD PLUS	\$62.70	\$31.35	\$5.70

IF YOUR FAMILY QUALIFIES FOR A WINZ OSCAR SUBSIDY EACH CHILD WILL BE CHARGED AT \$8.00 PER HOUR INCLUSIVE GST

FEES WILL BE CHARGED AT A MINIMUM OF 15 MINUTE INTERVALS I.E. CHILD SIGNED IN AT 3PM AND OUT AT 5.10PM WILL BE CHARGED 2.25 HOURS (2 ¼ HOURS)

N/I = NOT INFORMED OF ABSENCE: A FEE OF \$11.50 (inclusive GST) WILL BE CHARGED PER FAMILY IF STAFF ARE NOT INFORMED OF CHILD/RENS ABSENCE AND HAVE TO PHONE TO SEE IF CHILD SHOULD BE AT THE CENTRE. IF THIS OCCURS IT WILL BE MARKED WITH AN 'N/I' ON THE SIGNING SHEET

AS FROM 1ST JULY 2022 ALL ABSENCES WILL BE CHARGED 1 HOUR AT \$8.00 (\$6.96 Excl GST)

1. Pay on Statement (Due 14 Days)
2. Pay weekly/fortnightly on invoice
3. **TERMS: 14 DAYS FROM INVOICE DATE**
4. **Direct credit into the Oscar Account**

**Fees are invoiced weekly
Statements issued monthly**

Accounts that are more than 30 days old will incur a 2% penalty fee each month they are unpaid
Accounts that are unpaid for 3 months will be handed over to our debt collection agency
All costs incurred in the collection of overdue accounts will be payable by the debtor

**New O.S.C.A.R. Bank a/c: 03-1734-0081350-00
Reference: Customer code or childs name**

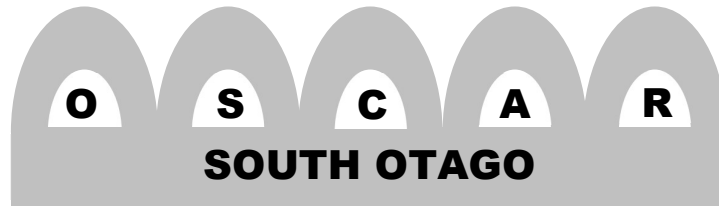
If any problems paying your account please come and talk to the Manager or Treasurer so we can work out a payment plan.

OSCAR Phone: Lynn Murray 027 315 7253
Treasurer/Trustee: Michelle Martin 027 473 1235
EMAIL: newoscar2006@gmail.com

PLEASE NOTE ALL FEES LISTED ABOVE ARE GST INCLUSIVE from 01.08.24

THIS FORMS PART OF YOUR CHILD/RENS ENROLMENT AGREEMENT

VER:01.08.24



BEFORE/AFTER SCHOOL PERMISSION SLIP

I give permission for _____
to travel from school to New O.S.C.A.R. by car/van. And to travel on Outings with O.S.C.A.R.
where required.

Alternatively, please indicate how your child will get to the New O.S.C.A.R. After School
Programme (**walking or biking is only permissible for children 11 years old and over**):

Walk **Bike** **Other** (*Please Specify*) _____

Signed _____

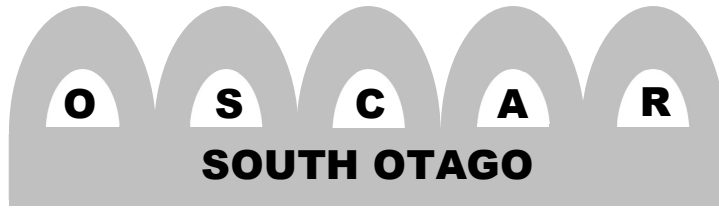
Name _____ **Date** ____/____/____

BEFORE/AFTER SCHOOL PERMISSION SLIP

I give permission for my child _____ to take part in activities away from
the Venue. These activities include Walks, Library, Swimming within the Local Community.

Signed _____

Name _____ **Date** ____/____/____



School Holiday Programme Permission slip

I give permission for my child _____ to take part in activities away from the Venue. These activities include Walks, bike, scooter rides, trips within the Local Community and by mini bus for our Adventure day trips out of the Clutha area.

Signed: _____ Date: _____

I give Permission for my child _____ to go swimming with the Oscar School Holiday Programme.

My child is

1. Non confident (requires a lot of Support)
2. At Learner Level (will get head and face wet, moves freely)
3. Confident
4. Advanced

Signed: _____ Date: _____

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PARENTS/GUARDIAN'S PLEASE RETAIN THIS SHEET FOR YOUR INFORMATION

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HOLIDAY PROGRAMME

Attendances will be charged by the hourly rates – not the session rates

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EMAIL: newoscar2006@gmail.com

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