

**MAKAREWA AFTER SCHOOL CARE ENROLMENT FORM**

**CHILD'S DETAILS**

Family Name \_\_\_\_\_ First Names \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_

**PARENT / CAREGIVER**

Family Name \_\_\_\_\_ First Names \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Address (if different from child's) \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Work Phone \_\_\_\_\_

**PARENT / CAREGIVER**

Family Name \_\_\_\_\_ First Names \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship to child \_\_\_\_\_  
Address (if different from child's) \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Work Phone \_\_\_\_\_

**EMERGENCY CONTACTS**

Name _____	Name _____
Relationship to child _____	Relationship to child _____
Address _____	Address _____
_____	_____
Phone numbers _____	Phone numbers _____
_____	_____

**CUSTODY ARRANGEMENTS** (attach separate sheet if required)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HEALTH**

Allergies _____	Sight _____
Medication _____	Speech _____
Serious problems _____	Hearing _____
Doctor _____	Phone _____

**OTHER DETAILS**

Learning & behaviour needs \_\_\_\_\_  
Special Needs \_\_\_\_\_  
Other information / requests \_\_\_\_\_

**ATTENDANCE DETAILS**

Booking Type:

Permanent

Casual

Days Attending:

Monday

Tuesday

Wednesday

Thursday

Friday

Approximate time of collection \_\_\_\_\_

People authorised to collect your child other than yourselves:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

- Children collected by persons approved by parents may be unknown to staff / supervisors - in this situation identification will be required.

- I understand that the After School Care Supervisors will take action on my behalf in case of sudden illness, injury or an unforeseeable situation.
  - Fees for casual attendees to be paid daily.
  - Permanent fees to be paid weekly, fortnightly or monthly. Accounts will be sent on request.
- All accounts to be cleared by the end of each school term.

Please indicate:

- Weekly
- Fortnightly
- Monthly

**I agree to abide by the Makarewa School / MSASC Policies.**

Signature of Parent / Caregiver \_\_\_\_\_ Date \_\_\_\_\_