**Woolston Development Project OSCAR programmes Enrolment & Consent form**

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| 1. **Basic Details**
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| **Parent(s)/ Caregiver(s)’s Name(s):** |  |  |  |  |  |
|  |  |  |  |  |
| **Child(ren)’s Names** |  | **D.O.B.** |  | **Age** |  |
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|  |  |  |  |  |
| **Home address:** |  |
| **Telephone**:  | **Home** |  | **Work** |  | **Mobile** |  |
| **Email address** |  |
| **Ethnicity**: |  |  | **Iwi (if applicable)** |  |
| 1. **EMERGENCY CONTACTS –**

Please provide the names and contact details of people we can contact in an emergency if we are unable to get hold of you. These must be in Christchurch  |
| **Emergency Contact name 1:** |  | **Phone** |  |
| **Emergency Contact name 2:** |  | **Phone** |  |
| **It is a requirement** of your child(ren) attending that at least one of these contact people is available during the hours of attendance on the programme |
| 1. **Please provide the names of people who are authorised to collect your child(ren) on your behalf.**
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| 1. **Are there any specific people that your child(ren) is not to have contact with?** Are there any access/custody arrangements and/or protection orders in place?
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| 1. **How will your child(ren) get to the programme?**
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| 1. **How will your child(ren) go home? (e.g. walk, bike, be picked up)**
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| 1. **Please list any relevant medical Information for your child(ren**) (e.g. medication, allergies, any self-medication e.g. asthma, uses an inhaler etc.)
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| * 1. **If yes, please list any medication you will need us to administer to your child(ren), including storage requirements and times/doses required.**
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| Medicine | Storage requirements | Times/doses required |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Medication consent:** I give Woolston Development Project OSCAR programme staff permission to administer the medicines I have listed above to my child(ren). |
| **Yes No**(Please circle) |
| 1. **Please list any dietary requirements or restrictions we need to be aware of (**e.g. health related diet (diabetic, dairy-free or gluten-free), halal or kosher, vegetarian or vegan, any significant food related issues).

**Please note** that on holiday programmes you will be required to provide your child a packed lunch which does not require heating or refrigeration. We provide afternoon tea on holiday programme and after school programme days. |
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| 1. **Please tell us anything else we should know about,** in order to take good care of your child(ren) e.g. special needs, behavioural issues etc.
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| 1. **Are there any social skills that you believe can be developed while your child(ren) is/are attending the programme(s)? (**e.g. interacting with peers, dealing with anger/aggression issues, sharing, using manners, sibling rivalry etc.)
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| **Programmes** |
| We offer two OSCAR programmesAfter school care is available Monday to Friday, 3-5.30pm and costs $17 per day.Holiday programmes are available for the last two weeks of the summer school holidays, and the two weeks between terms 1 and 2, terms 2 and 3, and terms 3 and 4. For holiday programmes, the prices are $42 per day, 8.30am to 5.30pm and $32 per day, Monday to Friday, 8.30am to 3.30pm. Our older children can participate in age specific activities on Mondays and Fridays if they are between 10 and 13 years old as part of the After-School Programme. This is called DEPO. |
| 1. **Which programme(s) are you enrolling your child(ren) in?** Please circle all that apply.
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| After School Programme (ASP)5 – 13 years  | DEPO (during ASP)  10 – 13 years | Holiday Programme 5 – 13 years |
| 1. **Hours and Days required (Please circle)**
 |
| **ASP** | M | T | W | T | F | Depending on my roster at work |
| **DEPO** | M |  | F |  |
| **Holiday Programmes** | M | T | W | T | F | Depending on my roster at work |
| 1. **If we were to offer a before school programme, would your family be interested?**
 | Y | N |  |
| 1. **Which holiday programmes would you like to enrol your child(ren) in?** Please note that you will confirm these each term.
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| January | April |  | July | October | Between end of term 4 and Christmas if offered |
| 1. **Please circle the holiday programme hours and specify whether these will vary (e.g. different end times on different days)**
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| **8.30am – 3.30 pm** (price: $32 per day) | **8.30am – 5.30pm (price: $42 per day)** |

1. **Terms & Conditions**

Please sign this to complete enrolment. If you have any questions about the programme or wish to see a copy of the programme policies and procedures prior to signing, please do not hesitate to ask a staff member. All care will be taken to provide supervision of children attending the programme in accordance with Woolston Development Project policies and procedures, which are Ministry of Social Development approved.

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| 1. I agree that it is my responsibility to inform the programme and update relevant information such as a change of address, phone numbers etc. as soon as practicable.
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| 1. I understand that, at times, movie trips and DVDs may be PG-rated. I understand that Woolston Development OSCAR staff members will always take care to ensure that movies are suitable for the children.
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| 1. I understand that should my child decide to leave and is determined to do so, the Woolston Development Project is not a secure facility and due to the requirements to provide safe efficient evacuation from the property in an emergency, the staff members cannot lock the doors or gates to prevent a determined child from leaving.
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| 1. I understand that staff members will take all possible steps to prevent a child from leaving the programme short of physical restraint.
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| 1. If my child(ren) decides to leave, staff members will let me or my emergency contact people know as soon as possible - including prior to the child leaving if that it is at all possible. I recognise that it is not always possible to identify that a determined child is trying to leave.
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| 1. I understand that in the event that my child(ren) goes missing on an outing or from the property at 497 Ferry Road, the Woolston Development Project Missing Child procedure will be put into effect, which includes calling the police.
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| 1. I give permission for my child(ren) to take part in outings which do not require a vehicle, including visits to local parks, libraries or other nearby recreational activities.
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| 1. I give permission for my child(ren) to take part in off-site activities which may involve transport in a van or on a bus to the activity. I will take responsibility for ensuring that my child(ren)'s booster seat is provided to the OSCAR programme staff on the day of any such activities if my child is legally required to use one.
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| 1. If my child is aged 10-13, I give permission for them to be seated in the front passenger seats of a van when the programme goes on an outing or trip.
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| 1. I recognise that Woolston Development Project OSCAR programme staff members will do their best, short of restraining my child(ren), to prevent my child(ren) leaving the group while on an outing, and will endeavour to keep the child(ren) in sight at all times. I appreciate that due to staff: child ratios, it may not be possible to pursue my child(ren). In the event that my child(ren) goes missing, I understand the Woolston Development Project Missing Child procedure will be put into effect. This includes calling the police without delay.
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| 1. I agree to the Woolston Development Project staff administering First Aid when deemed necessary.
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| 1. In the event of a serious medical emergency, I agree to allow my child(ren) to be placed in an ambulance and sent to hospital. I understand that the child(ren) will not be accompanied by a Woolston Development Project staff member. I also understand that Woolston Development Project will not be liable for any charges regarding the ambulance or incidental costs and that I am responsible for any costs incurred.
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| 1. I understand that the Woolston Development Project OSCAR programmes are not specialist programmes for children with special needs and are limited in what can be provided for such children. I understand that the Woolston Development Project does not have the capacity to provide regular 1 to 1 support for children with special needs and it is my responsibility to ensure that this is in place if I wish my child(ren) to continue on the programme.
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| 1. I agree to accept responsibility for the cost of any damage wilfully caused by my child(ren), and will replace or repair such damage.
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| 1. I agree to abide by Woolston Development Project’s health & safety policies and procedures, including any relating to public health measures as part of the ongoing COVID-19 pandemic. This includes mask wearing on the programme and any vaccine pass requirements external venues require on holiday programmes (e.g. swimming pools requiring 12 year olds to provide a vaccine pass).
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| 1. I agree to any photographs and/or videos of my child being used for promotional purposes.
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| 1. I agree to pay the fees as stipulated in the fees policy and I understand that any outstanding debt will be referred to Baycorp for recovery and that collection costs will be added to the debt.
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**I** *(name of parent/caregiver)* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to these terms and conditions.**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Our promise to you:** Woolston Development Project Incorporated takes its responsibilities under the Health & Safety Act 2015 and Oranga Tamariki Act 2016 and our duty of care of your child(ren) very seriously.

If you feel that our duty of care towards your child(ren) has been breached, please let us know immediately.

Manager: Eddie Hayes (03) 389-4448 or 027 781 1348

Board representatives: Georgina Stanley 021 116 0397 (treasurer) or Jo Hopkinson (Chair) 022 314 0618