

# Bizzy Buddyz Ltd

PO Box 827, Whakatane 3158. Phone 07 3084314

## OSCAR Enrolment form Confidential

Application Date \_\_\_\_\_

### CHILD:

First Name(s) \_\_\_\_\_ Surname \_\_\_\_\_ Start Date \_\_\_\_\_

Address \_\_\_\_\_ Birth Date \_\_\_\_\_

Email \_\_\_\_\_ Female/Male \_\_\_\_\_

### PARENT/GUARDIAN/WHANAU

### PARENT/GUARDIAN/WHANAU

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Place of Work \_\_\_\_\_ Place of Work \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### EMERGENCY CONTACT

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_ Mobile \_\_\_\_\_

School Child Attends \_\_\_\_\_ Phone \_\_\_\_\_

### MEDICAL INFORMATION

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Please record details of any special needs (e.g. physical, allergies etc and any medication required).

For long term medication e.g. Ventolin, parents must give the Educarer written permission to administer.

Immunisations					
Vaccine schedule for children born before Feb 2002	Y	N	Vaccine schedule for children born after Feb 2002	Y	N
6 weeks Hib, Hep B, DTPH, Polio Sip			6 weeks DTAP-IPV, Hib, Hep B		
3 months Hib, Hep B, DTPH, Polio Sip			3 months DTAP-IPV, Hib, Hep		
5 months Hep B, DTPH, Polio Sip			5 months DTAP-IPV, Hep B		
15 months Hib, DTPH, MMR			15 months MMR< DTAP/Hib		
4 years Polio, MMR			4 years DTAP-IPV, MMR		
Menz B	1	2	3		

**ENROLLED HOURS** – Please record start and finish time for each day in care

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_  
Friday \_\_\_\_\_

WINZ SUB Yes/No Hours \_\_\_\_\_ App. Date \_\_\_\_\_ (Copy attached) WINZ Contact \_\_\_\_\_

Total to pay(@ \$4.50 per hour) \_\_\_\_\_ Less WINZ \_\_\_\_\_ Total to Pay \_\_\_\_\_

Ethnic origin of child \_\_\_\_\_ First language of child \_\_\_\_\_

If child identifies as Maori, please enter the name(s) of his/her Iwi: \_\_\_\_\_

Only those persons who have right of access and are named below will be allowed to collect your child/ren from the OSCAR Centre. (Unless special arrangements are made.)

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

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

**Website Consent**

Dear Parent/Guardian/Whanau

Bizzy Buddyz Ltd has a website for Parents, Educarers and the general public to find our about us. It is our aim to have photo albums on the website so that parents may access them and see what their child/ren have been up to at playgroups and other activities the children have been doing. No names will be published, just the photos. To do this we need consent for your child/ren..... photo/s to be on our website.

Thank you for your co-operation.

I do/do not consent to my children’s photos being used on the Bizzy Buddyz website.

**I HAVE READ AND UNDERSTOOD THE FOLLOWING:**

I understand Bizzy Buddyz Management reserves the right to seek professional guidelines in cases of suspected child abuse.

I understand that the Ministry of Education regulations forbids the use of corporal punishment.

My child will be dressed appropriately for the weather and play AND provide sunhats, jackets, warm hats and spare clothes.

I give my permission for this child to travel in the OSCAR Centres vehicles and to be taken for walks and outings by the Staff.

I understand I will receive a permission letter for holiday excursions which I will sign and return prior to the event.

I accept that in the case of the Supervisor having to obtain medical treatment in an emergency it is my responsibility for expenses incurred.

I give permission for the Staff to apply basic First Aid and sunscreen products to my Child.

I give my permission for this child to be taken to an alternative emergency location e.g. Civil Defence Centre n the event of an emergency.

I understand it is my responsibility to sign my child’s daily attendance sheet, and check the recorded daily start and finish times.

I agree to pay the enrolled hours or the actual, whichever is the greater. I understand that fee payments are due each Friday the end of the weekly period. I understand that care will automatically stop on the 1st Monday following two weeks non-payment of fees.

I understand care will only resume once payment has been made in full.

I agree to pay for absences where I have not given five working days notice.

I give permission for a photograph to be taken of my child.

I agree that if a debt remains after two reminder notices have been sent the debt will be sent to a Debt Collection Agency for recovery and

I will be liable for collection and legal costs as well as the original amount. Care will be discontinued if this event arises.

Signatures:

Parents/Whanau \_\_\_\_\_ Date \_\_\_\_\_

Please note: Bizzy Buddyz must be advised immediately of any changes to enrolment arrangements