

Details reconfirmed:	

# HobbyCare – Before & After School Care

## Child information and Enrolment sheet

State preferred start date and tick the days (morning and/or afternoon) that you would like your children to attend HobbyCare:

Start Date: \_\_\_\_\_

Day / Month / Year

Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Monday to Friday	Monday	Tuesday	Wednesday	Thursday	Friday
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please ensure all entries are printed clearly and legibly so that we can quickly get in touch with you or your emergency contacts if needed.

1. Full name of child: \_\_\_\_\_

Surname First Name(s)

Child's birthday: \_\_\_\_\_

Day Month Year

Gender: Male / Female / Other **Classroom No.:** \_\_\_\_\_

Circle *Important for new entrants*

2. Full name of child: \_\_\_\_\_

Surname First Name(s)

Child's birthday: \_\_\_\_\_

Day Month Year

Gender: Male / Female / Other **Classroom No.:** \_\_\_\_\_

Circle *Important for new entrants*

3. Full residential address of child(ren): \_\_\_\_\_

Street Suburb Post Code

4. Primary Caregiver(s): \_\_\_\_\_

Relationship Surname First Name

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_ Other: \_\_\_\_\_

Relationship Surname First Name

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_ Other: \_\_\_\_\_

5. Authorised Alternative Contacts:  
(to comply with regulatory requirements, at least two (2) additional contacts who are authorised to collect your children, must be listed)

a. \_\_\_\_\_

Name Relationship Contact Phone Number

b. \_\_\_\_\_

Name Relationship Contact Phone Number

6. Persons who are **not** authorised to collect your children:

\_\_\_\_\_

7. Relevant medical information e.g., Medicines being taken, Asthma, Diabetes, Allergies (food, insect bites/stings) etc.:

\_\_\_\_\_

8. Please indicate any other special care instructions or information that is relevant to the care of your child:  
(Including any special religious, cultural, or dietary requirements etc.)

\_\_\_\_\_

### Conditions of Enrolment:

- Fees are to be paid **1 week in advance** upon enrolment (receipts will be issued on request).
- Children collected after the normal finishing time will have a late fee added to their next invoice of **\$17.00** for every 5 minutes, or part thereof, that a staff member is required to wait.
- The standard daily fee will be charged in the event of **any** absences for which HobbyCare have not been given at least two weeks' notice.

I wish to enrol my child in HobbyCare and acknowledge that I have read and agree with all conditions as stated above and in the disclaimer.

Signature(s): ✕ \_\_\_\_\_

Name(s): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Date: \_\_\_\_\_

For office use: CLASS RLBK ADBK SCAN CONF

DoE: \_\_\_\_\_

Please also read, fill in and sign 'Disclaimer' on the reverse of this sheet.

# HobbyCare – Before & After School Care

## Disclaimer

I acknowledge that \_\_\_\_\_ enters HobbyCare at my own risk.

Child(ren)'s Name(s)

Although the highest quality of care will be always exercised, I understand that HobbyCare cannot accept responsibility for any unforeseen misadventures. Damages to Hobsonville School property and/or HobbyCare property caused by the named child(ren) shall become my responsibility. I further acknowledge reading, understanding, and agreeing with the following conditions:

1. I understand that I will be required to pay fees for the up-and-coming week in advance, and that failure to comply will result in a 15% late penalty on **all** fees outstanding. I will also be liable for any fees or expenses that HobbyCare reasonably incur in collecting overdue amounts, including collection agent fees, phone charges, legal expenses, and all bank charges in relation to dishonoured payments or insufficient funds.
2. I understand that fees are still payable for sessions booked where my child does not attend. A minimum of two weeks' notice (14 days) is also required if I wish to permanently remove my child from HobbyCare for whatever reason, otherwise I will continue to be billed for those sessions already booked, regardless.  
*Fees can be paid by internet banking, recurring automatic payments. Payments can be made to HobbyCare account: 38-9019-0604104-00.*
3.
  - a. I agree to keep HobbyCare informed about changes to personal information provided and I will provide complete information about any allergies and/or medical conditions that my child has.
  - b. I agree to sign the daily registers and record the start and/or finish times for my child. HobbyCare cannot accept responsibility for any child left alone at the venue before 7:00am.
  - c. I agree that only the people stated on the enrolment form will be allowed to collect children. No children will leave HobbyCare unaccompanied without written permission and the agreement of the supervisor.
4. Any problems or complaints should be referred, in the first instance, to the supervisor on duty, and if any matter remains unresolved it may be taken to the Director.
5.
  - a. In the event of sickness or accident I authorise qualified medical attention be secured at my expense.
  - b. I give permission for HobbyCare staff to administer first aid, sunscreen and seek any medical assistance necessary and that I will be liable for any costs incurred.
  - c. I give permission for a HobbyCare staff member to give my child any required medication if it is requested in writing by me or following a phone call.
6. I understand that programme management has a paramount commitment to the safety and wellbeing of children in its care and may at their discretion seek professional guidance in the case of suspected child mistreatment or abuse. Please refer to our child wellbeing policies.
7. I understand that HobbyCare will take all reasonable precautions to protect my personal information from misuse, loss, unauthorised access, modification or disclosure. Under the Privacy Act 2020 I have the right of access to, and correction of, personal information held by HobbyCare.
8. I acknowledge that my personal details may be viewed by staff from the Ministry of Social Development or Te Kahui Kahu (Social Sector Accreditation) for programme accreditation and funding audit purposes.
9. I understand that HobbyCare management reserves the right to exclude from HobbyCare any child who is frequently disruptive, ignoring programme rules, or who poses a significant risk to the safety of themselves or others. HobbyCare strives to be fair, positive and consistent in helping children behave appropriately. Please refer to the behaviour guidance policy.
10. I understand that my child's photo may be taken while at HobbyCare and could be used for promotional purposes – please advise us if you have any concerns.

Signature(s): ✕ \_\_\_\_\_

Name(s): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Date: \_\_\_\_\_

**Please also read, fill in and sign  
'Disclaimer' on the reverse of this sheet.**