

# 2016

Details Checked	Term 1	Term 2	Term 3	Term 4
Parent Initials & Date				

ENROLMENT FORM – Please return completed form to the OSCAR Supervisor					
CHILD'S NAME	AGE	BIRTHDAY	GENDER	ETHNICITY	TEACHER
			M / F		
			M / F		
			M / F		
<b>Child's Residential Address</b>					
Which programme(s) are you enrolling your child in?      AM <input type="checkbox"/> PM <input type="checkbox"/> HP <input type="checkbox"/>					
<b>Parents / Caregivers - PLEASE PRINT CLEARLY</b>					
Name and contact number of bill payer					
Email address for billing					
Postal address for billing if no email					
Caregiver Name	Hm Ph	Wk Ph	Cell		
Caregiver Name	Hm Ph	Wk Ph	Cell		
<b>Emergency Contacts - We must have at least one other person we can contact in an emergency to complete your child's enrolment</b>					
NAME		RELATIONSHIP		PHONE	
1.					
2.					
<b>Authorised Child Collection - We will not release your child to an unlisted person without prior written notification</b>					
1.					
2.					
3.					
Please also provide a list of any specific people that are <b>NOT</b> authorised to collect your child from OSCAR					
1.				Named photo provided    Yes / No	
2.				Named photo provided    Yes / No	
Is this child involved in a custody dispute?    Yes / No      Does your child have a teacher aide at school?    Yes / No					
<b>Child's Support Information - Do you currently have any support services working with you or your family?</b>					
Service			Contact Person		
Are there any other factors that affect your child's behaviour or emotions that you would like OSCAR staff to be aware of?					
<b>Medical Information – Write name of child in the relevant space if you are enrolling 2 or more children on this form</b>					
Child's Doctor			Doctor's Phone		
Does your child have any of the following conditions?    ADD/ADHD    Diabetes    Asthma    Epilepsy    Heart Condition    Haemophilia					
Does your child wear GLASSES    Yes / No      HEARING AID    Yes / No					
Is your child allergic to    Bee Sting    Food    Medicine    Other    Action to be taken:					
Is your child on any medication?    Yes / No      DETAILS:					
<b>NOTE: You will need to fill out a separate medication consent form if medication is to be given during OSCAR Programmes</b>					
<b>Activities and Excursions - Our adult:child swimming ratio is 1:6 and we always have staff in the water with the children</b>					
Is your child confident in the water?    Yes / No		Is there anything we need to know to ensure your child's safety in water?			
Can your child put their head under the water?    Yes / No					
Can your child swim independently?    Yes / No					

## Terms and Conditions of Enrolment in Belfast Community Network OSCAR Programmes

I understand and acknowledge that:

- Photographs of my child or my child's creations may be used for promotional purposes including on social networking sites such as Facebook.
- Should my child be ill, I agree to retain him/her in my care. If my child becomes unwell during a programme he/she must be collected as soon as possible.
- I will pick up my child immediately if his/her behaviour is deemed unacceptable. No refund will apply.
- In the event of a minor accident, OSCAR staff may provide First Aid treatment; in a more urgent matter an ambulance will first be called and I will be notified. Any resulting costs will be my responsibility.
- Children may be transported for off-site activities and when required for safety; i.e. evacuation.
- All care will be taken to supervise children in accordance with policies and procedures. OSCAR staff will not be liable for any loss, injury or damage arising out of attendance at the programme.
- Families are invoiced in advance for bookings. Any additional charges are invoiced weekly in arrears. A statement of account is issued monthly via email or post as requested on the Enrolment Form.
- Fees are due at the end of each week's attendance. Families are welcome to pay in advance.
- Casual bookings will be accepted until 5.30pm the previous day provided space is available.
- Holiday Programme bookings require a non-refundable 50% deposit or a WINZ subsidy application.
- Full fees apply for all absences. A surcharge applies if staff are not notified in advance of a cancellation.
- Collecting children after closing time results in a Late Pick-up Fee.
- Full fees apply on public holidays during the school term.
- In the event of a forced closure of the programme; e.g. a snow storm, bookings for all programmes will be charged at 50% of the normal rate for a maximum of three days of unexpected closure. Staff training day closures will not be charged to families.
- I accept the cost of any damage wilfully caused by my child.
- Parents with shared custody arrangements are each responsible for bookings held under their name.
- Outstanding accounts are brought to the attention of the CEO. Children will be withdrawn from programmes if their fees remain unpaid. A collection agency may be engaged and debt recovery fees will be passed on to the customer. Families are advised in writing if their account is referred to a collection agency.
- Families are encouraged to apply for WINZ subsidies prior to enrolling their children in the programme to allow time for processing and approval prior to the child's first attendance. Families are required to pay a minimum of the expected top up amount from the first week of attendance.
- Parents are responsible for following up any Work and Income issues with their subsidy. Responsibility for payment of OSCAR fees remains with the parent/caregiver should WINZ decline the subsidy application.
- Enrolment details are used only for the provision of effective childcare. In accordance with the Privacy Act, personal information is securely stored until such time as it is destroyed following the child's last attendance. My child's records may be viewed by CYF and financial auditors in the course of a service quality review.

**I have read and understand this form, the Child Protection Policy and Behaviour Management Policy provided upon enrolment. I have provided accurate information related to my child/ren. I acknowledge that it is my responsibility to advise OSCAR immediately of any change in the information I have provided on this form.**

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE