

Enrolment Form

Stay and Play Ltd, Phone 021 231 8558

Please complete this form and drop it off at the school office or post to Stay & Play, 2 Fentham Road, Takapuna or scan and email to Leanne or kirsten at: stayandplaynz@gmail.com

Names (s) First and surname				Age	Casual 🗸	Regular √	М	Т	W	Т
1.				- 9 -						
2.										
3.										
					ı	1	l	l	l	
Home address										
Street and number										
Area										
People authoris	ed to colle	ct your child/ren								
Mothers name		ot your ormanich								
Home address										
Telephone	(Day)		(Afte	er hrs)						
Mobile				,						
Email										
Fathers name										
Home address	(If differen	t)								
Telephone	(Day)		(Afte	er hrs)						
Mobile										
Email										
Emergency cont	act detail									
Name				Rela	tionship to d	 child				
Address					•					
Telephone		7)	/lobile)		Email					
Name	Relationship to child			child						
Address					·					
Telephone		7)	/lobile)		Email					
	·									
Doctors details										
Telephone										

Signature _____ Date ____

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Additional information
Does you child have any health/dietary needs we should be aware of? (eg asthma, allergies, medical conditions, food requirements)
Is there anything else we should know about in order to take good care of your child? (Custody arrangement, special needs, behavioural issues or any other relevant information)
Parent Contract
Please sign this contract to complete the enrolment. If you have any questions about the programme or wish to see a copy of the programme policies prior to signing, please do not hesitate to ask a member of staff.
I/we agree and acknowledge.

I have read and understand the enrolment information.

- The supervisor has my permission to arrange any urgent medical treatment at my cost.
- I will notify the supervisor of any changes to enrolment information in a timely fashion.
- I agree to pay fees as stipulated in the fees policy.

All care will be taken to provide supervision of children attending the programme in accordance with programme policies and procedures.

Name of parent:		
Signature of parent:	Dated:	

Privacy Act 1993: The information that you have supplied is necessary for the safe and effective operation of the OSCAR programme. You are welcome to review information pertaining to your child's enrolment at any time. No information will be shared without the owners permission unless required by Child, Youth and Family.

