| **Child’s Name(s)** | **DOB** | **M/F** | **Year Level** |
| --- | --- | --- | --- |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |
| **ETHNIC GROUP (S)** Please tick:  **NZ Maori (NZM) Specify Iwi: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **NZ European/Pakeha (EUR)**  **Pacific Islander: Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Asian: Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Language spoken at home (other than English) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **PRIMARY CAREGIVERS/MAIN RESIDENCE (where the student lives most of the time)**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **Emergency Contact 1 – Please provide details of contact OTHER than the student’s Parent/Guardian**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  This contact will be used in the case of sickness if a parent/caregiver cannot be contacted.  **Emergency Contact 2 – Please provide details of contact OTHER than the student’s Parent/Guardian**  **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  This contact will be used in the case of sickness if a parent/caregiver cannot be contacted. | | | |
| **MEDICAL INFORMATION**  **Doctor’s Name:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Any medical conditions, health matters or disability which OSCAR staff needs to be aware of?**  (Please provide details below)  Yes No  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Do we have permission to administer panadol?**  Yes No  **Does your child have allergies?**  Yes No    **Does your child suffer from Asthma?** Yes No    **If yes, carries an inhaler?**  Yes No  Please add any details we need to know about:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **SENSITIVE INFORMATION**  Relating to health, legal, special family circumstances, of which our staff should be aware or if copies of reports are required by a parent not living with the students – please indicate here. In case of legal access issues – please supply relevant documentation.   * Health: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Legal Access: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Special Family Circumstances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * People who cannot collect child from school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **ONLINE PRESENCE**  Do you give permission for your child’s photo and/or classwork to appear in the school newsletter, website, Facebook or communication apps? Yes No | | | |
| **COMPLAINTS PROCEDURES**  If you have any concerns or complaints about the After School CARE Club, please speak with staff in the first instance:  The following complaints procedure has been developed to ensure that all complaints concerning the  After School CARE Club is handled in a manner which is just and fair.   * Initial direct approach to the supervisor verbally and then in writing if unresolved. Alternatively complaints can be directed to the principal. * The programme supervisor will inform the principal of verbal complaints/concerns. * If unresolved, the complaint then goes to the school Board in writing * All participants to a complaint action should maintain confidentiality of information and documents. * Complaints will be resolved after consultation with the parties concerned. * Responses to written complaints should be made in writing, as soon as possible. | | | |
| **PRIVACY ACT 2020**  The One Tree Point After School CARE Club polices align with the Privacy Act 2020 which describe how we may collect, use, store, and dispose of personal information.   * Parents/Caregivers will be fully informed of who will have access to personal information One Tree Point School holds about them and how that information will be used. * Parents/Caregivers have the right to access any information collected about their child and to the correction of that information (if necessary) * When information is collected from or about children, extra care is taken to ensure it is collected fairly and is not unreasonably intrusive * Information will be disposed of securely when no longer required. | | | |
| **TRANSPORT**  In the event of an emergency, it will be necessary to transport children in private vehicles for a safe evacuation. All legal requirements and the One Tree Point School transport policy will be adhered to. | | | |
| **FAMILY AGREEMENT**   * As Parent(s)/Caregivers of the students named above, I/we agree to support the kaupapa and CARE values of One Tree Point School. * In the event of sickness and accident or emergencies whereby staff are unable to contact primary caregivers, I authorise the school to obtain on my behalf any medical assistance if in the opinion of staff such treatment is necessary and agree to meet any costs incurred. * I will advise the school of any changes of address, email or phone numbers immediately to ensure I can be contacted for the safety of my child. * I give permission for my child to be transported in private vehicles in the event of an emergency.   **DECLARATION: I/we confirm that the information in this application is true and correct in every way.**  **Signed: Parent/Caregiver/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date:** | | | |