| **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 NoPlease 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):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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| **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.
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| **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.
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| **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:** |