

# YOUTHTOWN PANMURE AFTER SCHOOL PROGRAMME ENROLMENT FORM

If you're enrolling more than one child, please complete a separate enrolment form for each child

<b>CHILDS NAME:</b>	
<b>DOB:</b>	
<b>ADDRESS:</b>	
<b>SCHOOL:</b>	

### MOTHERS / GUARDIAN DETAILS:

<b>NAME:</b>	
<b>PLACE OF WORK:</b>	
<b>WORK PHONE NO:</b>	
<b>EMAIL ADDRESS:</b>	
<b>CELL PHONE NO:</b>	
<b>HOME PHONE:</b>	

### FATHERS / GUARDIAN DETAILS:

<b>NAME:</b>	
<b>PLACE OF WORK:</b>	
<b>WORK PHONE NO:</b>	
<b>EMAIL ADDRESS:</b>	
<b>CELL PHONE NO:</b>	
<b>HOME PHONE:</b>	

### EMERGENCY CONTACT:

<b>NAME:</b>				
<b>WORK PHONE:</b>				
<b>RELATIONSHIP TO CHILD:</b>				
<b>PEOPLE AUTHORISED TO COLLECT YOUR CHILD:</b>				

<b>MEDICAL PROBLEMS:</b> I.e. allergies. (If medication is to be administered by staff please complete the medication consent form)				
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<b>DAYS OF ATTENDANCE:</b> (please circle)	MON	TUE	WED	THU	FRI
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<b>START DATE:</b>	
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<b>PERSONAL INFORMATION WE SHOULD KNOW:</b> Parents separated or dual custody (if your child has special needs or disabilities you must fill out a special needs assessment form)				
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<b>I give consent for photographs of my child to be used for Youthtown promotional purposes only</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Term 1 \_\_\_\_\_    
  Term 2 \_\_\_\_\_    
  Term 3 \_\_\_\_\_    
  Term 4 \_\_\_\_\_

<b>Office use only</b>	_____ (signed)	DM# _____	Receipt# _____	Sign In List _____	Payment List _____	Emergency Contact List _____	Bus List _____	Change of Details Form _____
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**PROGRAMME INFORMATION AND PARENTS RESPONSIBILITIES**

1. The Programme runs from 3.00pm-6.00pm. Any time thereafter will incur a late fee in accordance with paragraph 16.
2. The Programme runs daily from Monday to Friday, but does not operate on public/school holidays. Please arrange with us an early pick up if your child's school has parent teacher meetings.
3. Parents are required to inform Youthtown (prior to 12pm) when their child/ren will be absent.
4. Authorised persons (in accordance with the enrolment form) are required to sign the child/ren out of the programme. Any deviation from the named authority to collect a child must be advised to the programme co-ordinator and altered using a change of conditions form.
5. Transport provided is by way of Youthtown Vans/Buses. Drivers are licensed and trained.
6. The programme complaints procedure is displayed and available at reception.
7. This programme has a detailed child protection policy, which includes the reporting of any suspected child abuse to the department of Child, Youth and Family Services.

*Our policy and procedures manual is available from reception for you to view at any time.*

**TERMS AND CONDITIONS**

**Enrolment**

8. **Enrolment is to be made in person prior to commencement of the term.**
9. The enrolment form expires at the completion of the term indicated on the form.
10. For the safety of your child you must ensure all details completed as accurately as possible.
11. **Changes in details/days must be made in person the week prior utilising the Change of Details Form. This is a legal requirement.**

**Payment Conditions**

12. The cost (including transport) is \$10 per child per day for one child. Please refer to Fee Schedule for more information
13. Payment must only be made in cash or automatic payment. We cannot accept internet banking due to a processing delay.
14. **The After School Programme is a pre-paid service (Not a casual service), payment must be made in advance (minimum 2 weeks).** Failure to do so will result in your child being excluded from the programme. Fees are charged on enrolment not attendance. **When making a payment in advance you must confirm the attendance days using a Change of Details Form.**
15. If paying by AP or WINZ you must present evidence of AP or WINZ approval or you will be required to make payments until these facilities have been arranged. In the event that a WINZ backpay occurs, Youthtown will refund the fees you have paid for the corresponding period.
16. The programme is substantially subsidised, as a result we **cannot provide refunds or transfers.**

17. There is a \$10.00 penalty fee for every 15minutes (or part thereof) late pick up your child/ren.
18. Please retain **all** receipts as Youthtown does not re-issue receipts for Tax purposes

**Health and Safety**

19. Access arrangements/custody details for your child must be detailed on the enrolment form.
20. In the event of an accident or illness, Youthtown will immediately attempt to contact the parent/ guardian and will take all appropriate steps to ensure the individual's well-being, but will not be liable for any costs (e.g. Doctors fees etc).
21. Children with disabilities or special needs will be included in the programme provided we can meet their needs. A special needs assessment form must be filled out.
22. Any medical conditions, allergies or special dietary needs must be indicated on the enrolment form. Medicine will not be administered without a Medical Consent Form.

**Exclusion**

23. A breach of terms and conditions will result in your child/ren being excluded from the programme until the matter has been resolved.

**Privacy Act 1993**

24. Information collected will be used for the purpose of establishing and maintaining records held by Youthtown Inc. Children's files will be available for perusal by caregivers with authorised access.

**Disclaimer**

25. While Youthtown, its employed and volunteer staff will take every care to provide proper supervision of all children Youthtown nor the employed or volunteer staff shall have any personal liability in respect of any act of omission arising from any session or activity of this service.
26. This is a binding agreement between the service provider (Youthtown) and the customer (Signatory).
27. By signing this document you have read and understood the Responsibilities and Terms and Conditions detailed.  
*All care will be taken to provide supervision of children attending the programme in accordance with programme policies and procedures.*

Signed \_\_\_\_\_ (Parent/Guardian)

Full Name \_\_\_\_\_

Signed \_\_\_\_\_ (Reception/Co-ord)

Full Name \_\_\_\_\_

**TODAYS**

**DATE:** \_\_\_\_\_

**Total Paid** \_\_\_\_\_