

Brooklyn Community Before & After School Care Programme 2022

Please be sure to remember to provide the following for your child/ren every day:

- A refillable, named drink bottle, as it is important that children remain hydrated.
- Shoes or sandals, no jandals please. (If wearing jandals, child will be asked to remain inside the premises).
- Skateboards, scooters ...etc. are welcome if accompanied with the right protective gear eg. helmet.
We take no responsibility for loss or damage to these items brought to the Programme.
- Afternoon tea will be provided (Please let us know about your child/ren's special requirements/allergies).

Brooklyn Before & After School Care Programme will **not** be held responsible for the loss or damage of any valuable items such as cell phones, iPods etc.

The safety and welfare of your child/ren is of the utmost importance to us. For this reason we will not release your child/ren to anyone not named on your child's enrolment form, unless we receive prior verbal or written permission from you. **If you require your child to walk home unaccompanied, please complete a consent form available from the After School Care office.** We reserve the right to refuse this on any given day should we believe it is not safe or suitable for your child to leave the centre.

Children must be collected by the time shown on their enrolment form, or you can call the After School Care office to change to a later session time, however, any short fall in fees must be paid on pick up, otherwise you will be charged a late fee of \$10 per 15mins interval, payable at collection time.

Please help us to help your child. Please advise us if your child/ren have a **medical condition, health issue, disability or a special requirement including behavioural challenges.** Should one on one care be required for your child/ren, we will do our best to arrange someone. Extra staffing costs will be passed on to you. This will have to be arranged prior to your child/ren starting with the Before & After School Care Programme. We may require more information so that we can provide the best care for your child/ren while they are with us. All matters will be dealt with confidentially.

Any **medication** your child is required to take must be handed to the Before & After School Care Programme supervisor upon arrival at the centre. To comply with regulations we require you to **complete a Medication Consent Form** indicating what the medication is, how and when to administer it and your signature. We cannot administer medication without this documentation and your child is not permitted to hold their own medication with the exception of asthma inhalers. In the event of injury or illness of your child, you will be advised as soon as possible. If the circumstances require immediate medical attention we will arrange this. Any costs incurred will be charged to you for reimbursement.

A reminder that all absences must be received by 2:30pm on the appropriate day (Email: childcare@brooklyncommunitycentre.org.nz). All refunds will be reimbursed after the Before & After School Care Programme has ended. No refunds or credit will be given without two weeks' notice. Your child's safety is really important to us. The Before & After School Care Programme prides itself in offering a place where they will feel safe and happy. If for any reason you have any concerns make sure you see the Childcare Manager.

We are looking forward to having your child on our Programme. As a parent you are part of this experience so if you have any questions please do not hesitate to ask. We welcome your concerns and comments.

Kind regards,

Brooklyn Community Association

Email: childcare@brooklyncommunitycentre.org.nz



Brooklyn Before & After School Care Programme Payment Options

Thank you for enrolling your children in our Before & After School Care Programme.

First 2 weeks payment must be received with the enrolment form and made fortnightly thereafter, unless special arrangements are made.

Payments can be made by:

Direct Credit (automatic payment), Brooklyn Community Association

Account number: 03 0510 0732375 001, Westpac Bank.

Please include your child's name and surname and your invoice number.

Cash is accepted but you must provide the exact amount due with no arrears. **It is your responsibility to ask for a receipt if paying by cash.** Receipt should be kept for two years in case of any discrepancies.

WINZ subsidy or equivalent: You must apply for your subsidy as soon as possible prior to the beginning of Before & After School Care. WINZ must send proof of your application prior to the starting date of Before & After School Care. If no confirmation is received prior to the start of the Programme, you will have to pay prior to your child attending the programme. A refund will be given as soon as we receive payment from WINZ. If you haven't got confirmation of your first payment one week after you have made it, please do contact us to ensure your child remains on the programme.

We require two weeks' notice for a child's absence during a term for a credit to be recorded for the absence. If your child/ren is/are not collected at the pickup time they are enrolled for, you will be charged a late fee of \$10 per 15mins interval, payable at collection time.

Should any user be more than one week in arrears from the due date, they will be asked to remove their child/ren from the programme until the debt is cleared. If after a reasonable time the account remains unpaid, **all collection charges are payable by the person/s who have signed below.**

Prior to registering your child into the programme, if you have any problems with the above you should contact the Childcare Manager who will pass on your query to the appropriate person.

Thank you and we'll see you there.

Brooklyn Community Association

Email: childcare@brooklyncommunitycentre.org.nz



Brooklyn
Community
Centre

**Brooklyn Before & After School Care Programme
Enrolment Form 2022**

Child's Name: _____ Age: _____ **Room No:** _____ Start Date ____/____/____

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PARENTS/CAREGIVERS:

1. Surname: _____ Given Name: _____ Relationship: _____

Address _____

Home: _____ Work: _____ Mobile: _____

Email _____

2. Surname: _____ Given Name: _____ Relationship: _____

Address _____

Home: _____ Work: _____ Mobile: _____

Email _____

EMERGENCY CONTACTS: *Please list details for at least two emergency contacts (other than parents/guardian).*

1. Surname: _____ Given Name: _____ Relationship: _____

Home: _____ Work: _____ Mobile: _____

2. Surname: _____ Given Name: _____ Relationship: _____

Home: _____ Work: _____ Mobile: _____

PEOPLE NOMINATED TO COLLECT MY CHILD/REN:

People not authorised to collect your children

MEDICAL CONDITIONS: *Please list any medical conditions that your child/ren has (e.g. epilepsy, asthma, allergies etc.).*

Medical Practice (G.P.): _____

DIETARY/SPECIAL REQUIREMENTS: *Please list any specific dietary requirements that your child/ren require.*

In the unlikely event of an injury or illness occurring while your child/ren is participating in our Programme, the staff will make every effort to contact you, then the emergency contact listed above if you cannot be reached. By signing this form, you authorise the staff of the Programme to administer first aid, and to seek medical advice when necessary. **Please request a Medication Consent Form from the Childcare Manager if your child/ren needs any medication. All medical expenses are to be reimbursed by parents. If your child/ren is/are not collected at the allocated pickup time, there will be a \$10.00 charge for every 15-minute interval, payable at collection time.**

I give consent for my child/ren's photos to be taken/used in relation with the Brooklyn Holiday and/or Before & After School Care Programmes: e.g. future brochures, advertisements etc. Yes No (Tick the one applicable).

I hereby acknowledge that I have read, understood and agree to the terms and conditions of my child/ren attending the Brooklyn Community Association Before & After School Care and that in signing this form I agree to take responsibility for the payment of the associated childcare fees and any resulting debt collection costs which may become applicable. Parents/caregivers are also advised that it is your responsibility to notify the programme of any changes to enrolment details.

Receipt to be made to: (Surname) _____ (Given name) _____

Caregiver 1: _____ Caregiver 2: _____ Date: ____/____/____

Enrolment Form 2022

I wish to enrol my child in the following Before & After School Care Programme: Please tick the day/s and circle the costs for your child/ren's attendance.

Child's Name: _____ Age: _____ Room No: _____ Start Date ____/____/____

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Child's Name: _____ Age: _____ Room No: _____ Start Date ____/____/____

Before School Care

Day (Please Tick)	Charge per Day	Every Day	Number of children attending	TOTALS
<input type="checkbox"/> Monday	\$7.50	\$6.00		
<input type="checkbox"/> Tuesday	\$7.50	\$6.00		
<input type="checkbox"/> Wednesday	\$7.50	\$6.00		
<input type="checkbox"/> Thursday	\$7.50	\$6.00		
<input type="checkbox"/> Friday	\$7.50	\$6.00		
Comments: Casual Days \$10.00 I give permission for my child to sign themselves in <input type="checkbox"/>			Weekly Subtotal	
			Fortnight (Subtotal x 2)	

After School Care

I wish to enroll my child in the following After School Care Programme: Please tick the day/s and circle the costs for your child/ren's attendance.

Day (Please Tick)	Daily Cost 1 st child (Please Circle)		Daily Cost 2 nd child (Please Circle)		3+ Children (Please circle)		TOTALS
	4.30 pm	6.00pm	4.30 pm	6.00pm	4.30 pm	6.00pm	
<input type="checkbox"/> Monday	\$13.00	\$19.00	\$13.00	\$19.00	\$13.00	\$19.00	
<input type="checkbox"/> Tuesday	\$13.00	\$19.00	\$13.00	\$19.00	\$13.00	\$19.00	
<input type="checkbox"/> Wednesday	\$13.00	\$19.00	\$13.00	\$19.00	\$13.00	\$19.00	
<input type="checkbox"/> Thursday	\$13.00	\$19.00	\$13.00	\$19.00	\$13.00	\$19.00	
<input type="checkbox"/> Friday	\$13.00	\$19.00	\$13.00	\$19.00	\$13.00	\$19.00	
Payment will be made every 2 weeks by:					Weekly Subtotal		
<input type="checkbox"/> Internet <input type="checkbox"/> Direct credit (AP) <input type="checkbox"/> Cheque <input type="checkbox"/> WINZ Subsidy <input type="checkbox"/> Cash <input type="checkbox"/> Other arrangement					Fortnight (Subtotal x 2)		

EXTRA CURRICULAR ACTIVITIES: (activities at Brooklyn School or Brooklyn Community Centre) Please Tick

Name: _____ Pick up time: _____ Drop off time: _____

From: _____ To: _____ on (Weekday/s) _____

Caregiver 1: _____ Caregiver 2: _____ Date: ____/____/____