

# Matakids Consent and Enrolment Form

Before/After School Care and School holiday programme

Please complete and return to the Matakana Primary School Office

Name of Child \_\_\_\_\_

Age \_\_\_\_\_ Birthday \_\_\_\_\_

Full residential address of child \_\_\_\_\_

**Parent / Caregiver Information** Please give full names

Mother's Name \_\_\_\_\_

Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Mother \_\_\_\_\_ Home \_\_\_\_\_

Father's Name \_\_\_\_\_

Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Father \_\_\_\_\_ Home \_\_\_\_\_

**Emergency contacts other than parents / caregivers**

Contact 1:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Contact Number \_\_\_\_\_

Contact 2:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Contact Number \_\_\_\_\_

**Please provide a list of people approved to collect your child from MATAKIDS.**

1. \_\_\_\_\_ 2. \_\_\_\_\_

We may not release your child to an unlisted person without prior written notification. If any person not listed and not known to the programme staff, should attempt to collect your child from the programme permission will be refused.

**Please also provide a list of any specific people that are most definitely not authorised to collect your child from MATAKIDS.**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Please provide a named photo of these people to assist MATAKIDS staff in identification.**

Is this child involved in a custody dispute? Yes \_\_\_\_\_ No \_\_\_\_\_

Please asterisk the appropriate name/s on the list above.

**List below any other specific instructions or information you can provide for us that would be helpful and assist us in the care of your child.**

Child's Doctor \_\_\_\_\_  
Phone: \_\_\_\_\_

Does your child have any of the following:

A.D.D/ A.D.H.D \_\_\_\_\_

Allergies \_\_\_\_\_ see box below

Asthma \_\_\_\_\_

Diabetes \_\_\_\_\_

Epilepsy \_\_\_\_\_

Heart problems \_\_\_\_\_

Other \_\_\_\_\_

Is your child on any medication? Yes \_\_\_\_\_ No \_\_\_\_\_

What/ Dosage: \_\_\_\_\_

If your child has allergies, please tell us what they are and if they have severe reactions – e.g.

High \_\_\_\_\_ Moderate \_\_\_\_\_ Low \_\_\_\_\_ Severity \_\_\_\_\_

Medication or Action to be taken \_\_\_\_\_

What food/s? \_\_\_\_\_

Medication or Action to be taken \_\_\_\_\_

**Medicines** \_\_\_\_\_

What? \_\_\_\_\_

Action to be taken \_\_\_\_\_

Please list any information or special instructions regarding the health and well-being of your child.

**Please read and sign the following statements regarding medication.**

I hereby give permission to the staff of the above MATAKIDS programme to administer medically prescribed medication to my child. I understand that the staff will record each administration of medication. I acknowledge that all care will be taken and will not hold MATAKIDS responsible.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby notify MATAKIDS that my child carries medication with them and will self-medicate when necessary. I understand that my child is to let staff know when they self-medicate so that a record may be kept and any further instructions followed.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Off Site Excursions** MATAKIDS programmes will at times have special trips and activities that occur away from the main site. **Please read and sign this permission statement.**

I hereby give MATAKIDS permission to transport my child off a MATAKIDS designated site of operation if and when required ie evacuation, group trip etc.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I acknowledge that photographs of my child or items of my child's work completed at the MATAKIDS programme may be used at a later date for marketing and promotional purposes. And I hereby give my consent and no further permission will be required.

I acknowledge that the information contained herein is confidential and, pursuant to the Privacy Act, will only be strictly used by the MATAKIDS team to effectively care for my child and not used or distributed for any other purposes.

I hereby give my permission for the MATAKIDS staff to treat my child if a minor accident occurs. In the case of a more urgent matter I understand an ambulance will be called first then I will be notified. Cost of Ambulance is billed to you.

**Fees are our only source of income. To operate efficiently we require that fees be kept up to date.**

NO refunds are given for absences. A \$1 per minute for late pickups will be applied to your next invoice.

I declare that I have read this document fully and that the information given above is true. I acknowledge that in order to keep my place at MATAKIDS that I need to keep my account up to date.

**I acknowledge that it is my responsibility to advise MATAKIDS immediately of any change in the above information.**

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Before & After school care with Matakids

## Breakfast Club

- 7.00am, book in is essential the night before care is required.
- Breakfast of fruit, cereals, toast and hot drink
- Complete home work
- Games & activities
- TV or movie

## After School Care

- 2.45pm Pick up from the Hall.
- Roll Call.
- Afternoon tea.
- Homework.
- Free play.

## Pick up and Drop off Service

Pick up's from Matakana Preschool at 4pm for any pre-schoolers that have siblings that are attending Matakids.

Drop off to sports, swimming, music classes or to parents work or home.

Cost of \$10 per child within a ratio of 10km from the school.

**Our AIM:** is to provide a nurturing, relaxed and safe environment for your children to come to before and after school while giving them the feeling of having friends over for a play date.

**WHERE:** at Matakana School, 952 Matakana Road, **The Castle**, between Room 12 & 13

**Cost:** Special Family Rate of \$62.50, 5 sessions (per week), per child, For the full Term only.

**Note:** If coming to the Breakfast club, Breakfast consists of cereal, toast and drink.

Afternoon tea consists of a sandwich, piece of seasonal fruit, celery/carrot sticks.

Once children have finished eating their packed lunch that has been provided from home.

## CONTACT DETAILS:

Supervisors: Julie Atkinson, Marion Davis and Bex Lacy

Mobile: 022 3505 687

Email: [matakanakids@gmail.com](mailto:matakanakids@gmail.com)

Web: [www.matakids.co.nz](http://www.matakids.co.nz)

