

## Brooklyn Community Before & After School Care Programme 2024

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).
- Sunhats in summer
- 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 is not provided but we are happy to prepare a simple afternoon tea brought from home eg. 2 minute noodles, toast etc.

Brooklyn Before & After School Care Programme is a fully inclusive programme and is delivered free from any discrimination, coercion, harassment, sexual, financial, or other exploitation. We welcome a diverse range of families and children and respect all our clients' ethnic, cultural, and spiritual values and beliefs.

The safety and welfare of your child/ren is of prime 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 Childcare office, and detail the route home on the back of the form.** 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 Childcare office on 385 0089 to change to a later session time. You will be invoiced the difference in fees from the earlier to the later pick-up time. Non-notification may result in additional charges. **All absences must be received by 2:30pm on the appropriate day.** Email: [childcare@brooklyncommunitycentre.org.nz](mailto:childcare@brooklyncommunitycentre.org.nz)

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 onto you. This will need 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 and in-line with the **Privacy Act 2020**.

Any **medication** your child is required to take must be handed to the Childcare Manager or Senior 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 to 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.

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.

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, comments, and feedback. For any complaints regarding the programme, programme staff, or any other issues concerning the programme, please email the BCA Community Centre Manager at: [manager@brooklyncommunitycentre.org.nz](mailto:manager@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 or Automatic Payment to:** Brooklyn Community Association, Westpac Bank

Account number: 03 0510 0732375 01

Please include your child's name and surname and/or 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.

**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](mailto:childcare@brooklyncommunitycentre.org.nz)

## Brooklyn Before & After School Care Programme Enrolment Form 2024

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Room No: \_\_\_\_\_ Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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### **PARENTS/GUARDIANS:**

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: \_\_\_\_\_

### **Other people authorised to collect your child/ren:**

### **People not authorised to collect your child/ren**

### **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/guardians.**

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

**The programme will ensure confidentiality and will comply at all times with the requirements of the Privacy Act 2020.**

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. I acknowledge it is my 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 2024

**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 \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ **Room No:** \_\_\_\_\_ Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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	\$9.00	\$7.00		
<input type="checkbox"/> Tuesday	\$9.00	\$7.00		
<input type="checkbox"/> Wednesday	\$9.00	\$7.00		
<input type="checkbox"/> Thursday	\$9.00	\$7.00		
<input type="checkbox"/> Friday	\$9.00	\$7.00		
<b>Comments:</b> Casual Days \$12.00  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 <sup>st</sup> child (Please Circle)		Daily Cost 2 <sup>nd</sup> 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	\$15.00	\$21.00	\$15.00	\$21.00	\$15.00	\$21.00	
<input type="checkbox"/> Tuesday	\$15.00	\$21.00	\$15.00	\$21.00	\$15.00	\$21.00	
<input type="checkbox"/> Wednesday	\$15.00	\$21.00	\$15.00	\$21.00	\$15.00	\$21.00	
<input type="checkbox"/> Thursday	\$15.00	\$21.00	\$15.00	\$21.00	\$15.00	\$21.00	
<input type="checkbox"/> Friday	\$15.00	\$21.00	\$15.00	\$21.00	\$15.00	\$21.00	
<b>Payment will be made every 2 weeks by:</b> <input type="checkbox"/> Internet <input type="checkbox"/> Direct credit (AP) <input type="checkbox"/> WINZ Subsidy <input type="checkbox"/> Cash <input type="checkbox"/> Other arrangement					Weekly Subtotal		
					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: \_\_\_\_/\_\_\_\_/\_\_\_\_

## *CONSENT FORM*

# **FOR ARRIVING and LEAVING THE HOLIDAY PROGRAMME AND/OR BEFORE/ AFTER SCHOOL CARE PROGRAMME *UNACCOMPANIED BY A PARENT/CAREGIVER***

I give permission for: \_\_\_\_\_

(Child's first name)

(Child's surname)

To arrive/ leave the Before/After School Care or the School Holiday Programme from:

Time: \_\_\_\_\_:\_\_\_\_\_

I understand that the Childcare Manager or a Childcare Supervisor will sign my child out. Once my child has been signed out by the Childcare Manager/Childcare Supervisor, the Brooklyn Community Centre Association staff members and committee are no longer responsible for them. **The child then becomes my responsibility.**

My child is aware of how to make their way to and from the Brooklyn Community Centre (**please outline this on the back of this form**) and has a **contingency plan** in case nobody is home as expected.

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_