

Enrolments

Enrolment is on a first come first basis.

Placement is not guaranteed until we receive a completed enrolment form and a transport policy form prior to your child's attendance at any of our programmes.

All placements will be confirmed by email.



Activities Available

- Arts & Crafts
- Board games & Puzzles
- DVD's
- Outdoor sports
- PS3 – Supervised time only
- Homework assistance



Breakfast Club

Breakfast - \$7.00

7.30 am - 8.30 am

After school care charge

Time	1 st child	2 nd child	3 rd child
3 – 4 pm	\$7.00	\$6.00	\$5.00
4 – 5 pm	\$14.00	\$12.00	\$10.00
5.30 pm	\$3.50	\$3.00	\$2.00

Holiday Program

7.30 am – 5.30 pm

\$42.00 per day

\$21.00 half day

\$10.00 per for casuals

Subsidies

Kids Rock Out of School Program is OSCAR Subsidy approved provider.

You may be eligible for an OSCAR subsidy through Work and Income.



Transport

Kids Rock Out of School children will be transported to activities by mini-bus at a cost of \$2.50 per - trip

Absences

Unless prior arrangements have been made with Moe and your child is absent all charges will apply.

For your child's safety it is essential all absences be notified to Moe by 1 pm.

Txt 021 0787316 or

Email outofschool@kidsrock.net.nz

If absences are not notified by 2 pm a charge of \$10 may apply.

Charges

The first hour will be charged out at the hourly rate and thereafter in 15 minute increments ie 4.09 round up to 4.15

Late pickups will incur a charge of \$1 per minute unless prior arrangement has been made with Moe

Accounts

All accounts will be invoiced on a Tuesday and are to be paid in full by the due date unless prior arrangements have been made with Moe

Internet banking

Direct credit

Account Name:

Hammond Investments Ltd

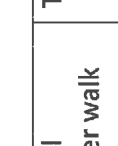
ANZ: 01 0204 0014404 01

Code: Invoice number

Late payments will incur a 10% administration fee and may result in a discontinuation until amount has been paid

Kids Rock Out of School Schedule

Term 1 holiday program

<p>Monday 6th April</p> <p>Easter Monday Not opened</p>	<p>Tuesday 7 April</p> <ul style="list-style-type: none"> • Introduction • Games day <p>Come and test your game skills</p>	<p>Wednesday 8th April</p> <ul style="list-style-type: none"> • Waihou river walk • Picnic <p>Departure 10am Return 3pm</p> 	<p>Thursday 9th April</p> <ul style="list-style-type: none"> • Pool challenge day <p>Exciting challenges await, come and see what I have planned for you</p> 	<p>Friday 10th April</p> <ul style="list-style-type: none"> • Driving range <p>Test your skills at the driving range... who is the next Tiger Wood</p> 
<p>Monday 13th April</p> <ul style="list-style-type: none"> • Sports day <p>Fun fantastic sports Who's the next sliver fern and who's the next All black</p>	<p>Tuesday 14th April</p> <ul style="list-style-type: none"> • Water fun day <p>You're in for some fun filled water activities</p>	<p>Wednesday 15th April</p> <ul style="list-style-type: none"> • Treasure hunt <p>Are you the next Sherlock homes</p> 	<p>Thursday 16th April</p> <ul style="list-style-type: none"> • Movie day <p>Let's blob out and have a movie day</p>	<p>Friday 17th April</p> <ul style="list-style-type: none"> • Athletics days <p>Brings your togs, bikes for our fun fantastic day</p> 

Kids Rock Out of School Program Enrolment Form 2015

Child's Name(s): 1. Room: Date of Birth:/...../.....
 2. Room: Date of Birth:/...../.....
 3. Room: Date of Birth:/...../.....
 4. Room: Date of Birth:/...../.....

Address:

Invoice e-mail address:.....

Mother's Name: (Title, Christian Name, Surname) Home Phone No:

Place of Work: Work Phone No:

Father's Name: (Title, Christian Name, Surname) Home Phone No:

Place of Work: Work Phone No:

Alternative Emergency Contact: Phone No:

Alternative Emergency Contact: Phone No:

*Children named above live with: Mother only Father only Both parents (Please circle)

People authorised to collect my child(ren) from Kids Rock Out of School Program:

1. Phone No:
 2. Phone No:

Are there any special circumstances which we should be aware of in relation to your child, e.g. is there anybody you **DO NOT** wish to collect your child from Kids Rock Out of School Program?

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CHILDREN'S HEALTH

Please write any health conditions that we should be aware of, e.g. asthma, allergies, etc.

Name of Child : Condition:

Name of Child : Condition:

Name of Child : Condition:

Any serious illness, injuries or disabilities?

Name of Child : Type:

Name of Child : Type:

Name of Child : Type:

Food Allergies:

Name of Child : Type:

Name of Child : Type:

Name of Child : Type:

Any ongoing medications to be administered?

Name of Child:	Medication:	Dose:
.....

Name of Child:	Medication:	Dose:
.....

I hereby give permission for a staff member to give my child any required medication if it is requested in writing by me, or following a phone call.

Signature (Parent/Caregiver):

Family Doctor is: Phone:

STARTS DATE:

Breakfast Club After-School Holiday Program Casual (Please Circle)

OUR REQUIREMENTS FOR KIDS ROCK OUT OF SCHOOL PROGRAM

Please indicate the days you require your child to attend Kids Rock Out of School Program by ticking the boxes.

Time	Monday	Tuesday	Wednesday	Thursday	Friday
7.30am – 8.30am					
3.00pm – 4.00pm					
3.00pm – 4.30pm					
3.00pm – 5.00pm					
3.00pm – 5.30pm					

OUR REQUIREMENTS FOR KIDS ROCK OUT OF SCHOOL HOLIDAY PROGRAM

Please indicate the days you require your child to attend Kids Rock Out of School Program by ticking the boxes.

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7.30am – 5.30pm					

CONDITIONS OF ENROLMENT

1. I understand that by making a Permanent or Holiday Enrolment/booking I will be charged for that time regardless of whether or not my child attends that day.
2. I agree to paying fees no later than 7 days of receiving the invoice/statement.
3. I understand that the above named student(s) may be suspended if there is any default in payment.
4. I understand that cost recovery of any defaulted payment will be charged to the debtor.
5. I understand that a Casual Bookings will depend on the number of spaces available on the day and 24 hours notice is required in order to check availability of space. (Minimum charge of one hour \$8.00 applies). Bookings are charged for the whole time that the child/children is enrolled for and are not reduced due to early collection from the Program, eg: If the child is booked in from 3:00 to 4:30 but is collected at 3:30 you will still be charged until 4:30.
6. I understand I will be charged for that time regardless of whether or not my child attends that day unless 24 hours notice is given to cancel my casual booking.



Kids Rock Out of School Program will provide a happy, safe and learning environment for your child[ren].

We will look to you for support in any disciplinary matters that may arise.

Despite offering high standards of supervision the Kids Rock Out of School Program staff do not accept responsibility for breaches of behavioural expectations such as leaving the school grounds.

The applicant accepts that any behaviour deemed by the Program Manager to be unreasonable or unsafe may be considered reason for suspension from the Kids Rock Out of School Program.

Signature (Parent/Caregiver): Date:

DECLARATION

- I understand that the Kids Rock Out of School Program staff will exercise due care but will not be liable for any injury, damage or loss which my child(ren) may sustain to person or property.
- In the event of sickness or accident I authorise qualified medical attention be secured at my expense.
- I give permission for the Program staff to administer first aid.
- I have received a copy of the fee structure and the enrolment book and agree to abide by these conditions.

Signature (Parent/Caregiver): Date:

FEE STRUCTURE 2015

Permanent Bookings

Permanent bookings will be charged whether or not your child attends. Any extra hours required over and above your permanent booking will be charged at \$7.00 per hour (minimum charge of one hour applies).

Casual Bookings

Bookings will depend on the number of spaces available on the day. **24 hours notice is required in order to check availability of space.** (Minimum charge of one hour \$8.00 applies). Bookings are charged for the whole time that the child/children is enrolled for and are not reduced due to early collection from the Program, eg: If the child is booked in from 3:00 to 4:30 but is collected at 3:30 you will still be charged to 4:30.

Fee Structure

- \$7.00 per hour per child for a permanent enrolment
- \$8.00 per hour per child for a casual enrolment
- **\$42.00 - holiday program fee per day**
- **Fees outstanding for longer than two weeks may be charged an Administration Fee of \$5.00**
- **Fees are required to be paid no later than the week of receiving the invoice [refer to below]**
- **\$1.00 per minute Late Fee will be charged if your child is picked up after 5.30pm**

Hourly rate fees are charged at the full rate for the first hour, thereafter the charges are in 15 minute increments ie: 4.09 pm the charge will be rounded up to 4.15 pm.

OSCAR Subsidy

Work and Income New Zealand Subsidised care is available for up to 20 hours care for before and after school and up to 50 hour for holiday care. Most families qualify for some subsidy. Applications form are available on request.

OSCAR Subsidy [Current]

Number of children	Gross weekly income	OSCAR Subsidy [per hour, per child]	OSCAR Subsidy [per hour, per child]	
			Term Time [for 20 hours]	Holidays [for 50 hours]
1	Less than \$1,200.00	\$3.98	\$79.60	\$199.00
	\$1,200.00 to \$1,299.99	\$2.78	\$55.60	\$139.00
	\$1,300.00 to \$1,399.99	\$1.54	\$30.80	\$77.00
	\$1,400.00 or more	nil	nil	Nil
2	Less than \$1,380.00	\$3.98	\$79.60	\$199.00
	\$1,380.00 to \$1,489.99	\$2.78	\$55.60	\$139.00
	\$1,490.00 to \$1,599.99	\$1.54	\$30.80	\$77.00
	\$1,600.00 or more	nil	nil	Nil
3 or more	Less than \$1,540.00	\$3.98	\$79.60	\$199.00
	\$1,540.00 to \$1,669.99	\$2.78	\$55.60	\$139.00
	\$1,670.00 to \$1,799.99	\$1.54	\$30.80	\$77.00
	\$1,800.00 or	Nil	Nil	Nil

Invoicing

Invoices will be issued weekly on a Tuesday. Refer to the terms of conditions for payments below.

Payments

Payments can be made directly in the school account via internet banking or direct credit to:

Account Name: Hammond Investments Ltd

Bank: ANZ

Account Number: 01-0204-0014404-01

Please use the following references when paying by internet banking or direct credit:

Code: Invoice Number

Reference: Family Surname

Terms and Conditions for payment:

I agree to settle my account by each Thursday for the previous week's care. I am aware that I will be liable for collection fees and/or late payment fees if my account is not settled as agreed. Should the account remain unpaid for more than 14 days, I understand my child may be excluded from the program.

I understand that if I have reserved a regular place and my child is unable to attend on that day, a text must be sent to 021 0787316 by the times stipulated in the enrolment form. If I do not send a text advising of an absence I understand that charges will be incurred as staffing levels each day are regulated by the number of students expected.

I agree to pay the charge of \$1.00 per minute for any late pick-up being after 5.30 pm, the closing time of the program.

I/We, _____ have thoroughly read and do understand the policy and procedures. WE hereby agree to respect and abide by the policy and procedures of Kids Rock Out of School Program.

My/Our signatures below confirms that I/we hereby agree to abide by the child care contract in its entirety, including each and every policy, guideline, and that they have been explained to my/our complete satisfaction.

Signature (Parent/Caregiver): Date:

Signature (Parent/Caregiver): Date:

Thank you for your support.

Moe Robinson
Kids Rock Out of School Program
PROGRAM MANAGER
outofschool@kidsrock.net.nz
Ph: 021 0787316

Complaints procedure

All complaints with regards to the program or staff members should be taken up directly with:

- a. Approach the Program Manager who will investigate the complaint.
- b. The Program Manager will communicate the findings of the investigation within 14 days to the whanau or caregiver.
- c. Where possible a mutually agreeable outcome will be sought.

Complaint Form

Name of complainant:

Address:

Contact phone: (home)..... (work)..... (mobile)

Nature of the complaint: (please describe who or what the complaint is about)

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Please hand the complaint form to the Program Manager. Your complaint will be treated in the strictest of confidence, however the matter will need to be discussed with the parties involved to resolve this matter.

If the Program Manager cannot resolve your complaint, you will be contacted by the Program Manager to discuss the situation further and steps will be taken until all parties are satisfied.

Signed by the complainant: Date:

To be signed by the following once the complaint has been resolved:

Signed by the complainant: Date:

Signed by the Program Manger: Date:

MEDICINE NOTIFICATION/CONSENT FORM

Parent/guardian must complete a consent form when medicine is required to be administered.

Child's Name:

Name of Medication:

Reason for the Medication:

Duration of Administration:

Start date: Stop date:

Dosage: Frequency:

Emergency contact number:

Is child self-administering?

Is medication to be administered by the After School Care?

Name of Prescribing Doctor/Specialist:

Name of Prescribing Medical Centre:

Parent/Caregiver contact Phone No:

I/We _____(name) consent and approve that nominated staff at Out of School Program administer medication. I/we have provided for the purpose described above.

I/We accept that staff at Out of School Program will administer as per the directions on the medication package or bottle.

I/We understand that Out of School Program may contact the prescribing Doctor/Specialist if the need arises.

Signed: _____

Date: _____