|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Details about the child (One form per child) | | | | | | | | | | | | | | |
| First Name | |  | | | | | Last Name | | | | |  | | |
| Date of Birth | |  | | | | | Age | | | | |  | | |
| Gender | |  | | | | | Language(s) spoken | | | | |  | | |
| Details about the child | | | | | | | | | | | | | | |
| School enrolled in | | | | |  | | | | | | | | | |
| Address of the school | | | | |  | | | | | | | | | |
| Name of Principal | | | | |  | | | | | | | | | |
| Email address of Principal | | | | |  | | | | | | | | | |
| Parents, caregiver and emergency contacts (please provide 2 contacts who can be reached between 9am and 3pm and who are authorised to pick up your child) | | | | | | | | | | | | | | Authorised to pick up child? |
| Name |  | | | | | | | Number | |  | | | | Y / N |
| Relationship |  | | | | | | | Email | |  | | | |
| Address |  | | | | | | | | | | | | |
| Name |  | | | | | | | Number | |  | | | | Y / N |
| Relationship |  | | | | | | | Email | |  | | | |
| Address |  | | | | | | | | | | | | |
| Name |  | | | | | | | Number | |  | | | | Y / N |
| Relationship |  | | | | | | | Email | |  | | | |
| Address |  | | | | | | | | | | | | |
| Education level | | | | | | | | | | | | | | |
| Year 0  Year 1  Year 2  Year 3  Year 4  Year 5  Year 6 | | | | | | | | | | | | | | |
| My child can read | | | | Well | | With difficulty | | | Not in French | | | | Not at all | |
| My child can write | | | | Well | | With difficulty | | | Not in French | | | | Not at all | |
| Support your child needs (optional) | | | |  | | | | | | | | | | |
| Your child’s interests (optional) | | | |  | | | | | | | | | | |
| Child’s doctor | | | | | | | | | | | | | | |
| Name | | |  | | | | | Phone | | |  | | | |
| Address | | |  | | | | | | | | | | | |
| Additional information | | | | | | | | | | | | | | |
| Does your child have any particular health needs we should be aware of, including allergies, food or medical conditions, etc. | | | | | | | |  | | | | | | |
| Is there anything else we should know about in such as custody arrangements, special needs, behavioural issues etc. | | | | | | | |  | | | | | | |
| Payment and Cancellation Policy | | | | | | | | | | | | | | |
| A payment of the full fee is required to confirm enrolment and secure your child’s place. Once enrolled, only 50% of the full fee may be refunded up to 2 weeks prior to the commencement. Our account number is **11-7800-0068662-000**. Please use child’s full name as reference and “ODS” as particular. | | | | | | | | | | | | | | |
| Agreement | | | | | | | | | | | | | | |
| By signing this agreement, I agree to the Terms and Conditions of the One-Day School programme as outlined below. | | | | | | | | | | | | | | |
| Name | | | | | | | | Signature | | | | | | |
| Please email a signed copy to [enquiries@afchristchurch.org.nz](mailto:enquiries@afchristchurch.org.nz) | | | | | | | | | | | | | | |

**One-Day School Programme – Terms & Conditions**

**Supervision and Care**

All care will be taken to provide supervision of children attending the Alliance Française One-Day School programme. We understand that the supervisor will arrange any necessary urgent medical treatment at our cost.

**Emergencies/sickness**

In case of a major emergency involving my child, the staff will contact me and take my child to the nearest medical facility. In a civil emergency, such as an earthquake, the staff will remain at Alliance Française until all the children are collected.

If my child is sick, I will keep them at home.

**Excursions**

I will be notified of excursions in advance and asked for my consent each time.

**Acknowledgement**

I acknowledge in signing the enrolment form that neither the staff nor management of the programme will be liable for any loss or damage (by way of accident, injury, theft or otherwise) arising out of attendance at the One-Day School Programme of Alliance Française. I understand that any intentional damage to belongings or property may be charged to the parent/caregiver.

**Privacy Act 2020**

The information that I have supplied is necessary for the safe and effective operation of Alliance Française. All personal information will be destroyed at the completion of my child’s time in Alliance Francaise. I can review information pertaining to my child’s enrolment at any time.

**What to bring**

I will bring a named hat, bottle, jacket as well as a packed lunch including morning tea. I will also bring named sunscreen, to be applied prior to drop off. Supervised re-application of sunscreen will occur at morning teatime.

**Complaints**

If I have any complaints or concerns about the programme, I will approach the Alliance Française manager, who will be happy to assist.