

Privacy Act 1993 the information in this enrolment form is for the use of Good Seed Trust. No information is shared except with the owner's permission or as required by legislation, for example, Health and Safety Act. In the event of attempts to settle outstanding accounts are unsuccessful, the information on this form may be passed onto a debt collection agency to act on the behalf of Good Seed Trust. The cost of collection of fees is passed onto the defaulter.

Good Seed Trust OSCAR Programme Enrolment Agreement

Name of Child/Children:

1 _____ D.O.B: _____ B/G

2 _____ D.O.B: _____ B/G

3 _____ D.O.B: _____ B/G

Name of Parent/Guardian: _____

Address of Parent/Guardian: _____

Home Ph: _____ Other Ph: _____

Email: _____

Emergency Contact Person (different to parent/guardian)

Emergency Contact Number: _____

Doctor: _____ Doctor's Ph: _____

Any special needs (Allergies to food/vegetarian etc) or medical condition:

Is your child on regular medication? What kind/how often administered?

Ethnicity: Maori Pakeha/European Samoan Cook Island Maori Tongan

Niuean Tokelauan Chinese Indian Other _____

Details of any special custody arrangements _____

The following people may pick up my child _____

Photographs can be taken of my child? YES NO

I give permission for Good Seed Trust to seek medical advice in the case of an emergency.

YES NO

How did you hear about Good Seeds OSCAR? _____

My child will be attending Good Seeds OSCAR:

Before School Care Programme Date _____ to _____

After School Care Programme Date _____ to _____

School child attending _____

School Holiday Programme Date _____ to _____

Time _____ to _____

Fees _____ Applying Subsidy? Yes No

All the information in this form is for the purpose of your child's safe keeping, it will not be used for any other purpose and remains the property of Good Seed Trust. We will use and disclose your child's information only in accordance with the Privacy Act 1993. Under that Act you have the right to access and request correction of any personal information we hold about you or your child.

I have read, understood and agree to abide by the Good Seeds OSCAR Information pamphlet. I attest that the information is correct and will inform Good Seeds OSCAR of any changes.

Signed _____ Parent/Guardian Date _____