Otaika Valley School Valley View Road R D 10 Whangarei 0170



## email r.drake@otaika.school.nz

# OTAIKA VALLEY SCHOOL AFTER SCHOOL CARE CLUB 2021

Our After School Care Club is being run as a service to our school community. Therefore it is only available to students of Otaika Valley School. This programme is run and managed by the school, therefore any communications should be through the **school office**.

Supervisor: Robyn Drake 2IC: Darcie Price Staff Ratio: Maximum 1:10

# **Enrolment:**

Parents/caregivers must complete and sign an After School Care Club contract at the school office before bookings can be made.

**Hours:** 3:00pm – 5:20pm.

Your child/children need to be picked up by 5:20pm.

# To book or cancel

Parents or caregivers can email <u>r.drake@otaika.school.nz</u> or text the school office to make a booking. We will not accept bookings or cancellations from students. School text 022 370 4473.

**To book...** please book in by 3pm the day before or email on Sunday for Monday bookings.

**To cancel...** please cancel the day before so that available spaces can be offered to other families

\*We cannot guarantee a space for late bookings. Late bookings or cancellations after **these times** automatically incurs a \$10 booking fee.

Fees: (staff time and a small snack at 4pm)

Time	CHARGES
3:00 - 3:30	\$3.50
3:30 - 4:00	\$7.00 (3.50 X 2)
4:00 - 4:30	\$10.50 (3.50 X 3)
4:30 - 5:00	\$14.00 (3.50 X 4)
5:00 - 5:20	\$17.50 (3.50 X 5)

Invoiced weekly, statements 1st working day of the month.

Please Note: all charges are based on half hourly rates. For example, if you collect your child at 3:40pm, you will be charged \$7.00.

\*\*Children collected after **5:20pm** will incur a late fee of \$20.00 ASC is not available for children returning from school camps.

# Payment:

Payment to be made to Otaika Valley School Account:

ASB 12 3115 0198137 01.

Please put the child's surname. Please use this account for 'ASC' payments only.

## **Overdue Accounts:**

Invoice issued:
Due within 7 days

Unpaid at 7 days: Overdue reminder issued Unpaid at 14 days: \$20 late payment fee ASC service suspended until account is paid in full

Unpaid at 28 days:
Sent to debt collector and ASC contract terminated

# **Reminding Children:**

It is important you remind your child/ren at the beginning of the day that they are attending After School Care so they know what is happening.

#### **Behavior:**

To operate efficiently there are rules set in place that cover:

Treatment of each other

Treatment of staff and school equipment

Boundaries of play

Appropriate language

The behavior expectations are the same as the school 'Behavior Management Procedures - Encouraging Positive Behavior' (for more details refer to our website).

Failure to follow these expectations will result in the child being removed from the service at the discretion of the Principal.

# Picking up:

Please ensure the child and ASC staff are aware of who should be collecting them from the ASC club. Whoever picks up the child/ren must let staff know they are collecting their child/ren.

# **Health and Safety:**

If a child is seriously injured and an ambulance needs to be called, the After School Care Supervisor will stay with the children at school.

- 1. Parents/emergency contact will be contacted by the After School Care Supervisor to meet their child at the hospital.
- 2. If parent or emergency contact person is not available then...

  Contact will be made to an emergency helper phone tree, to meet the ambulance at the hospital and comfort/care for the child until the parents arrive.
  - a. Jennifer Renting
  - b. Terry Brock (who will be informed)
- 3. The staff are required to hold a current First Aid Certificate.

It is a legal requirement for schools and childcare center's to report allegations or evidence of child abuse to the appropriate authorities.

# **Complaints:**

If you have any concerns, please notify the supervisor or the Principal directly.

Terry Brock, Principal

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# OTAIKA VALLEY SCHOOL AFTER SCHOOL CARE CONTRACT 2021

To be filled in by Parent or Caregive	er. (Please print)	
STARTING DATE:	SPECIFY DAYS REQUESTED	:
CHILD'S NAME:		
DATE OF BIRTH:		
EMAIL:		
PARENT/GUARDIAN NAMES;		
1	WORK PHONE:	HOME PHONE:
		CELL PHONE:
2		HOME PHONE:
	WORK PHONE:	CELL PHONE:
WHO SHOULD BE CONTACTED IN (	CASE OF ILLNESS/EMERGENC	Y IF THE ABOVE ARE UNCONTACTABLE?
1	IMODIZ DIJONE	HOME PHONE:
1	WORK PHONE:	CELL PHONE:
		HOME PHONE:
2	WORK PHONE:	CELL PHONE:
If applicable, please state whom has or the Parenting Order:	s legal access to your child and	provide us with a copy of and legal documents
		e. food allergies, bee sting reactions, epilepsy etc. urgent medical treatment at parent cost.
I/we accept the conditions of O place to provide care for my ch	•	hool Care Club and the procedures put in
PARENT/CAREGIVER SIGNATU	JRE:	DATE:
1		