



Before & After School Care

BOOKING FORM-Stonefields School

Child Information:

(1) Child's Name: _____

Gender: (*please circle*) Male / Female D.O.B: _____

Ethnicity: _____

Medical Information: _____

Medication details: (if applicable): _____

(2) Child's Name: _____

Gender: (*please circle*) Male / Female D.O.B: _____

Ethnicity: _____

Medical Information: _____

Medication details: (if applicable): _____

Home address: _____

Home phone number: _____

Contact email: _____

What days do you require before or after school care for your child/ren? (*Please ✓ and indicate pick-up time 4pm, 5pm or 6pm*)

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School Care					
After School Care					

Please note: if you have booked for any of these days but are unable to attend due to sickness or alternative commitments, you will not be charged providing you contact us in advance on 0800 898 444

Kelly Club bank account number 06 0383 0191392 00

WINZ being applied for: Yes/No (please circle)

Caregiver Information:

FIRST Contact Person: _____

Relationship to Child/ren: _____

Contact Number 1: _____ Contact Number 2: _____

SECOND contact Person: _____

Relationship to Child/ren: _____

Contact Number 1: _____ Contact Number 2: _____

Emergency Contact Information:

Emergency Contacts will only be used in the case of an emergency where contact with the first and second contact persons has been unsuccessful.

Emergency Contact 1: _____

Relationship to Child/ren: _____

Contact Number: _____

Emergency Contact 2: _____

Relationship to Child/ren: _____

Contact Number: _____

Alternative Pick-up Persons Information:

Alternative Persons authorised to collect child/ren excluding FIRST and SECOND Contact Persons. PLEASE NOTE: If you wish for your child to be collected by someone not listed please inform us prior to pickup.

Alternative Person 1: _____

Relationship to Child/ren: _____

Alternative Person 2: _____

Relationship to Child/ren: _____

I have read and understood the Important Information outlined on page 4 of the Kelly Club Before & After School Care Brochure.

Caregivers Name: _____

Caregivers Signature: _____

Date: _____



**Kelly Club, PO Box 107, Orewa, Auckland 0946
0800 898 444 karen@kellysports.co.nz**