



ENROLMENT FORM

1

CONTACT DETAILS

CHILDS DETAILS

Full name: _____

Name Child is known as: _____

D.O.B. _____ Male Female

Ethnic Origin: _____ Iwi or hapu: _____

Address: _____

Postal Address: _____

Home Phone No. _____

Are there any cultural or religious considerations that are important in the care of your Child?

PARENT / CAREGIVER / GUARDIAN 1

Full Name: _____

Address: _____

Phone (Hm) _____ Phone (Wk) _____ Phone (Mobile) _____

Email address (optional): _____

I would like to receive newsletters by email Yes No

PARENT / CAREGIVER / GUARDIAN 2

Full Name: _____

Address: _____

Phone (Hm) _____ Phone (Wk) _____ Phone (Mobile) _____

Email address (optional): _____

I would like to receive newsletters by email Yes No

PLEASE GIVE US AT LEAST TWO NAMES AND DETAILS OF THOSE AUTHORISED TO COLLECT YOUR CHILDREN IN AN EMERGENCY. THESE PEOPLE SHOULD BE ABLE TO GET TO THE CENTRE REASONABLY EASILY IN AN EMERGENCY. AN EMERGENCY INCLUDES SUDDEN ONSET ILLNESS / SICKNESS, CIVIL DEFENCE EMERGENCY OR EVACUATION.

EMERGENCY CONTACT 1 (OTHER THAN PARENT/GUARDIAN)

Full Name: _____

Address: _____

Phone (Hm) _____ Phone (Wk) _____ Phone (Mobile) _____

Relationship to Child: _____

EMERGENCY CONTACT 2 (OTHER THAN PARENT/GUARDIAN)

Full Name: _____

Address: _____

Phone (Hm) _____ Phone (Wk) _____ Phone (Mobile) _____

Relationship to Child: _____



ENROLMENT FORM

2

TERMS AND CONDITIONS OF ENROLMENT

I acknowledge that I have read and understood the following:

1. Whilst on the waiting list, I understand that a place will not be confirmed until 3months prior to the required enrolment date
2. My child is not enrolled at another ECE Institution on the same days/times that they are enrolled at this Centre. Should my circumstances change in the future, I will inform the Centre immediately.
3. I understand that my child must attend the Centre for a minimum of 6hours per day on the days they are enrolled
4. I understand that my child must attend the booked hours I have specified and that I must alter my booked hours to match attendance hours should they change
5. I agree to pay fees on the basis of the Fee Schedule current at the time of enrolment, and in accordance with the Fee Payment practice of the Centre
6. I understand that in order for my child to receive 20Hours ECE as a 3 or 4yr old, I must first complete an Attestation form, and that the 20Hours ECE subsidy will only apply from that date onwards
7. I understand, and accept full responsibility for payment of the fees charged to my account in accordance with the published fee rates and policies. The Centre reserves the right to change the fee rates and policies, and irrespective of previously published or quoted rates, the new rates and policies will apply from the notified date.
8. I understand and accept that irrespective of any third party (eg other adult, WINZ, ACC, MoE, Trusts or budget services etc.) to pay fees, the full responsibility rests with me.
9. I understand that if any fee or charge remains unpaid, beyond the provisions of the Fee Payment Practice, my child's enrolment may be suspended or terminated and the debt passed to a Debt Collection Agency for collection. I accept responsibility for any collection costs incurred in this process.
10. I agree to collect my child within the given opening hours of the Centre, or be charged a penalty. A late fee of \$5 per minute will be charged if children are collected after 5.30pm
11. I understand that I must give two weeks advance notice in writing before withdrawing my child from the Centre, or before changing any booked days / hours, or I will be charged. *Note – if your child does not settle well, you may remove him/her within the first fortnight without notice or penalty.*
12. I will not bring my child to the Centre should he/she be sick or have any infectious illness
13. I agree to collect, or arrange someone to collect, my child as soon as informed of them being sick
14. I will notify the Centre as soon as possible if my child is going to be absent
15. I will inform the Centre if anyone other than me is to collect my child, and I understand that he/she must remain at the centre until that permission is received
16. I authorise the staff of the Port Ahuriri / City Children's Centres to seek medical or specialist advice as the staff may consider necessary for my child's wellbeing.
17. I authorise the staff of the Port Ahuriri / City Children's Centres to seek medical treatment for my child in cases of emergency. I will pay all reasonable expenses incurred in this situation – e.g Urgent Doctor, Ambulance charges.
18. I understand the All About Me Child Safety programme is part of the Curriculum taught at this Centre. Parent Information Pamphlets are available from the office.

TERMS AND CONDITIONS OF ENROLMENT

PARENT / GUARDIAN SIGNATURE _____ DATE _____

PARENT / GUARDIAN SIGNATURE _____ DATE _____



ENROLMENT FORM

PERMISSIONS

I give permission for an ambulance to be called in an emergency YES NO

I give permission for my child to leave the Centre, in the company of qualified staff for walks and excursions in the local community. YES NO

Note – on major excursions parents will be notified via newsletter

I give permission for Centre staff to keep records, observe, evaluate and take photographs and videos of my child on the understanding that these are used to benefit my child's development and the Centre's programme. This may include students on teaching practise, who will seek written permission from me when observing my child as an individual. YES NO

From time to time students in training will be attending the Centre, and may need to make observations on my child, I understand all observations will be treated as confidential and if such observations are removed from the Centre, I understand my child will not be identified in any way YES NO

I give permission for my child's name to be published in the newsletter YES NO

I give permission for my child to be photographed/videoed while at the Centre for the following reasons: YES NO

Newsletter YES NO Publicity / Advertising YES NO

Website YES NO Centre Promotions YES NO

Good News Stories in local media – Courier, Napier Mail, HB Today YES NO

I give permission for photographs of my child to be displayed on the Centre website, and in Centre Newsletters – which are circulated electronically via email and in hardcopy to all families in the Centre. YES NO

I give permission for my child's profile book to be displayed in the Centre YES NO

I give permission for my child to be taken to an alternative emergency location eg civil defence centre in the event of an emergency YES NO

I give permission for Centre staff to seek medical or specialist advice as the staff may consider necessary for my child's wellbeing. YES NO

I give permission for the Well Child / Tamariki Ora Service B4School Checks to be carried out on my child. This will include Vision (eyes), Middle Ear Function (glue ear check / tympanometry) and Hearing Check (audiometry) and will be undertaken by the Public Health Nurse. YES NO

PERMISSIONS

PARENT / GUARDIAN SIGNATURE _____ DATE _____

PARENT / GUARDIAN SIGNATURE _____ DATE _____

In accordance with the Privacy Act 1993 all information gathered on this form will be solely for the purpose for which it has been collected, and will not be shared unless permission has been granted from the enrolling Parent/Guardian.



ENROLMENT FORM

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COLLECTING MY CHILD / CONTACTS

PERSONS AUTHORISED TO COLLECT MY CHILD

Full Name: _____
Address: _____
Phone (Hm) _____ Phone (Wk) _____ Phone (Mobile) _____
Relationship to Child: _____

Full Name: _____
Address: _____
Phone (Hm) _____ Phone (Wk) _____ Phone (Mobile) _____
Relationship to Child: _____

Full Name: _____
Address: _____
Phone (Hm) _____ Phone (Wk) _____ Phone (Mobile) _____
Relationship to Child: _____

Full Name: _____
Address: _____
Phone (Hm) _____ Phone (Wk) _____ Phone (Mobile) _____
Relationship to Child: _____

CONTACTS

FOR THE PROTECTION OF YOU AND YOUR CHILD THE CENTRE SUPERVISOR SHOULD HOLD COPIES OF ANY CUSTODY ORDERS. THE SUPERVISOR MUST BE ADVISED OF ANY CHANGE IN CUSTODIAL STATUS AFTER ENROLMENT. THIS INFORMATION WILL BE TREATED AS CONFIDENTIAL AND STORED SAFELY.

Custodial Statement:
Please tell us of any guardianship, custody, or access arrangements that will help us support your family

Full Name: _____
Address: _____
Phone (Hm) _____ Phone (Wk) _____ Phone (Mobile) _____
Relationship to Child: _____



ENROLMENT FORM

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HOURS OF ATTENDANCE

PLEASE INDICATE YOUR REQUIRED HOURS OF ATTENDANCE.

The Centre is open 7.30am to 5.30pm. Your child may attend at any time between these hours, however there is a minimum attendance requirement of 6hours per day. We do not offer sessional care – ie morning or afternoon sessions.

| | Drop Off | Pick Up |
|-----------|----------|---------|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |

Office Use Only

Date Received

Enrolment Confirmed

Yes No

Holding / Enrolment Fee Received

Yes No \$

Rolls Completed

Yes

Date / / By (initials)

APT Completed

Yes

Date / / By (Initials)

Enrolment Sleeve

Yes

Date / / By (Initials)

Confirmed Booked Hours:

| | | |
|----|--|--|
| M | | |
| T | | |
| W | | |
| Th | | |
| Fr | | |

Date of Exit



HEALTH RECORD – EARLY CHILDHOOD CENTRE

HEALTH INFORMATION

Family Doctor: _____ Phone No _____

Address: _____

IMMUNISATIONS (COPY TO BE ATTACHED AND SIGHTED BY TEACHER)

Please supply your child's current immunisation details by attaching a copy with this enrolment form (copier machine available at the centre).

MEDICAL INFORMATION

- Eczema YES NO
- Lazy Eye YES NO
- Seizures YES NO
- Ear Infection YES NO
- Grommets YES NO
- Asthma YES NO Our Centre Supervisor will liaise with you to discuss an Asthma plan and completed an Asthma Register form
- Allergies YES NO Please provide details below
- Regular Medication YES NO Please provide details below
- Special Requirements YES NO Please provide details below
- Enrolled at Dental Clinic YES NO

Allergies _____

Regular Medication _____

Special Requirements _____

Does your child live with any specific medical or learning needs that we will need to be aware of? *(Please attach any supporting documentation and/or feel free to speak with one of our teachers so that we can learn from you about how we can best meet your family's needs in our centre).*

What is your child's first language eg English/Maori/ other? _____

At our early childhood centre staff may need to apply

- ★ Arnica cream for bruises, sprains and pain if the skin is not broken
- ★ Arnica oral –tablets or drops
- ★ Calendula Healing cream to assist in healing abrasions, cuts and skin inflammations
- ★ Combudoron Gel for burns, scalds, skin rashes and insect bites
- ★ Brulidine antibacterial cream for cuts, grazes and burns
- ★ Plastic dressing strips for cuts and wounds (plasters)
- ★ Normal saline for cleaning eyes and wounds

Are any of these products a problem for your child? Yes/No

Details _____

| | |
|--|-------------------|
| PARENT / GUARDIAN SIGNATURE _____ | DATE _____ |
|--|-------------------|