



City Children's Centre
 52 Vautier Street, Napier
 Ph (06) 835 1917
 Fax (06) 835 1916
 Email: portchildren@xtra.co.nz
www.portcitychildren.co.nz
 Postal Address: P O Box 3281, Onekawa, Napier

Port Ahuriri Children's Centre
 26 Campbell Street, Napier
 ph (06) 835 0690
 fax (06) 835 9182
 email: citychildren@xtra.co.nz

ENROLMENT FORM

Child's full name: _____

Name Child is known as: _____ Ethnic Origin: _____

Iwi or hapu: _____

D.O.B. _____ Male Female

Address: _____ Hm Phone No. _____

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

Parent/Caregiver/Guardian's Name: _____

Address: _____ Phone (Hm) _____

Phone (Wk) _____

Email address (optional): _____

Parent/Caregiver/Guardian's Name: _____

Address: _____ Phone (Hm) _____

Phone (Wk) _____

Email address (optional): _____

EMERGENCY CONTACTS

Phone Numbers (Other than Parent/Guardians)

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

Date of entry: __/__/__

Office only: Date of exit: __/__/__

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday
Times Enrolled					

FREE EARLY CHILDHOOD EDUCATION DETAILS

- Is your child eligible and receiving Free Early Childhood Education for up to 6 hours per day, 20 hours per week at this service? Yes/No (please circle)

- If yes, you must have completed an Attestation Form and attached it to this Enrolment Form.

CONTACTS

For the protection of you and your child. The 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

People who can collect your child:

Name: _____

Name: _____

Address: _____

Address: _____

Phone number: _____

Phone number: _____

Relationship to child _____

Relationship to child _____

Name: _____

Name: _____

Address: _____

Address: _____

Phone number: _____

Phone number: _____

Relationship to child _____

Relationship to child _____

Person/s who cannot collect your child:

Name: _____

Name: _____

Relationship to child _____

Relationship to child _____

PERMISSION

- I give permission for an ambulance to be called in an emergency. Yes/No
- I give permission for my child to be taken on supervised outings within walking distance. (On a major excursion parents will be notified via newsletter). Yes/No
- I give permission for my child's name to be published in the centre newsletter. Yes/No
- I give permission for my child to be photographed/videoed while at the Centre. Yes/No
- I give permission for any such photography to be used for publicity purposes. 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 staff to do observations on my child while at the Early Childhood Centre. I understand that any information collected about my child will be used in a professional manner to assist in planning developmentally appropriate programmes for my child. All information gathered will be treated as confidential and stored safely. Yes/No
- From time to time students in training will be attending the Centre and may need to make observations on your child as part of their professional development.

Any observations done will be treated as confidential and if such observations are removed from the centre your child will not be identified in any way. Yes/No
- I give permission to have my child's profile book on the shelf Yes/No

Parent 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.

TERMS AND CONDITIONS OF ENROLMENT

I HAVE READ AND UNDERSTAND THE FOLLOWING:

1. Whilst on the waiting list, I understand that a place will not be confirmed until 3 months prior to the required enrolment date.
2. My child is not enrolled in another Early Childhood Institution on the same days/times that they are enrolled at this Centre. Should 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 6 hours 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 my attendance hours should they change.
5. I agree to pay fees on the basis of the Fee Schedule current at the time and in accordance with the Fee Payment Practice of the Centre.
6. I understand that in order for my child to receive Free ECE as a 3 or 4 year old, I must first complete an Attestation Form for their 3rd birthday or thereafter, and that Free ECE will only apply to my child 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 prices, the new rates and policies will apply from the notified date.
8. I understand and accept that irrespective of any arrangement with any third party (eg; other adult, WINZ, ACC, trusts or budget service etc.) to pay the fees, the full responsibility rests with me.
9. I understand and accept that if any fee or charge remains unpaid, beyond the time specified in the Fee Payment Practice, my child's enrolment may be forfeited and the debt passed on to a Debt Collection Agency for collection. I accept responsibility for any and all legal administrative costs and legal fees incurred in this process.
10. I agree to collect my child within the given opening hours of the centre, or be charged a penalty.
11. I understand that if my child is collected after 5.30pm then a late fee of \$1 per minute will be charged
12. I understand that I must give two weeks notice in writing before withdrawing my child or before changing any booked days or I will be charged *
13. I will not bring my child to the Centre should he/she be sick or have any infectious illness.
14. I will notify the Centre as soon as possible if my child is going to be absent, preferably before 9.00am.
15. I authorise the permanent staff at the Port Ahuriri/City Children's Centre to administer medication provided by me for my child and written in the medications book by me and as per policy for administering medication.
16. I authorise the staff of the Port Ahuriri/City Children's Centre to seek medical or specialist advice as the staff may consider necessary for my child/children's well being.
17. I agree to collect or arrange someone to collect my child as soon as informed of them being sick.
18. 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 given.
19. I agree that my child may leave the Centre, in the company of qualified staff, for walks and excursions.
20. I give permission for the Centre's 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 Centre's programme. This may include students on teaching practise, who will seek written permission from me when observing my child as an individual.

Parents/Guardian Signature _____

Date _____

* If your child does not settle well, you may remove him/her within the first fortnight without notice or incurring penalties.

HEALTH RECORD - EARLY CHILDHOOD CENTRE

HEALTH INFORMATION

Doctor: _____ Phone No. _____

Illness/Allergies _____

Has your child any special needs?

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

Has your child ever suffered from?

Eczema Yes/No Lazy Eye Yes/No Asthma Yes/No

Seizures Yes/No Ear Infection Yes/No

If your child has Asthma (if yes fill in the attached asthma register)

Does your child hear well? Yes/No

Do they have Grommets? Yes/No

Does your child have any allergies eg Drugs/Bee stings/medications? Yes (what?) _____ No

Any other problems or illnesses? _____

Does your child need any regular medication? Yes (what?) _____ No

Does your child live with any specific medial 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 childs first language eg English/Maori/ other? _____

Is your child enrolled at Dental Clinic? Yes/No

I agree to Medical attention being obtained for _____ (Child's Name) in an emergency, if an ambulance is called the cost of this will be covered by the parent.

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 _____

Signed: _____ (Parent/Guardian)

Teachers and health professionals may record any future changes in the child's health on the back of this form.

(Complete only if it applies to your child)

ASTHMA PLAN REGISTER FOR AN INDIVIDUAL CHILD.

Teachers will help to ensure that children with asthma have a personalized action plan. The plans will be kept in the centre enrolment folder, in the office. You will not need to fill out the daily medication form while your child has this asthma record. THIS RECORD WILL BE PRESENTED TO YOU TO UPDATE AT LEAST ONCE EVERY 6 MONTHS. YOU MAY UPDATE IT AT THE OFFICE AT ANYTIME.

CHILD'S NAME: _____

DATE OF BIRTH: _____

ASTHMA SYMPTOMS (please describe)

(Example: mild condition - twice a month, Attacks can be severe and usually occur about 3 times a year)

FAMILY DOCTOR: _____

ADDRESS: _____

PHONE: _____

ASTHMA TREATMENT

MEDICINE NAME	DOSAGE REQUIRED	TIME TO BE GIVEN

TREATMENT FOR AN ASTHMA ATTACK WHILE AT PORT AHURIRI CHILDREN CENTRE

MEDICINE NAME	DOSAGE REQUIRED	TIME / FREQUENCY

MEDICATION IS KEPT AT THE CENTRE: YES/NO (please circle)

IN THE EVENT OF A SERIOUS ASTHMA ATTACK THE CENTRE WILL

- Call 111 for an ambulance if required
- Administer medication to the child
- Keep the child comfortable and calm
- Phone parent/guardian

(Not necessarily in this order)

SIGNED _____ DATE _____

EMERGENCY PREPARATIONS

(we hold this page in our emergency bag separate to other enrolment information)

Our centre has an Emergency Plan for the protection and care of children and staff in the event of emergencies which could affect the centre, such as fire, earthquake, flooding.

Drills for the various types of emergencies are practised regularly and all children are taught how to protect themselves.

The centre has emergency supplies of first aid, food, water and other resources necessary for the care and support of children and staff for a limited time.

In the event of a major emergency, it may be impossible for parents to get to the centre immediately to collect their child/children. The staff of this centre accept responsibility for the care and welfare of your child until collected by you or your nominated emergency custodian. You can assist by providing the following information:

Child's name: _____

Parent/s name: _____

Home address/es: _____

Home phone: _____

Mobile phone: _____

Work address/es: _____

Work phone: _____

Please give us at least two names and details of those authorised to collect your child in an emergency. These people should be able to get to the centre reasonably easily in an emergency.

If you would like to add further names please use the back of this form or attach another page.

Name and Relationship (eg Aunt, Uncle, friend)	Address	Phone
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Does your child have any medical conditions or special dietary requirements we should know about in case of an emergency (eg, asthma, diabetes, food allergy etc)? Yes/NO

If yes, please tell us about the condition and any special procedures we may need to know about including names of medicines and doses required etc.

Thank you for your assistance with this important request.