

Enrolment Form

First name

Child's surname

Name child is known by

Date of birth Male Female

Child's ethnicity
(required by Ministry of Education)

If Maori, which Iwi do you identify with
(requested by Ministry of Education)

Language spoken by child

Child's address

Phone

Parent 1 - Mother

Name

Address

Phone (hm) (wk)

(mob)

Email

Parent 2 - Father

Name

Address

Phone (hm) (wk)

(mob)

Email

Emergency contacts

Must be able to collect child in the case of illness / emergency

1. Name

Relationship

Phone (hm) (wk)

(mob)

2. Name

Relationship

Phone (hm) (wk)

(mob)

Is there any person who is prohibited access to your child? Yes No

Name

Custody order on file Yes No

Medical Details

Family Doctor

Phone number

Has your child any health problems or allergies? Yes No

If yes, please provide details

Is there any other information we should know about your child?

Immunisations

It is a requirement that we maintain an immunisation register

Is your child immunised? Yes No

Certificate sighted Yes No

If no, please briefly state reason

I wish my child to be booked in for the following days & hours

Days Enrolled	Mon	Tue	Wed	Thu	Fri	Total
Times Enrolled						
20 hours ECE Funding at this service						
20 hours ECE Funding at another service						

DATE OF ENROLMENT:

DATE OF ENTRY:

20 hours ECE Funding Attention

1. Is your child receiving 20 hours ECE Funding for up to 6 hours per day, 20 hours per week at this service?

Yes No

2. Is your child receiving 20 hours ECE Funding at any other service?

Yes No

3. If yes, please sign to confirm your child does not receive more than 20 hours ECE Funding per week across all services.

Yes No

I hereby authorize the Ministry of Education to make enquires it deems necessary regarding the information provided above to the extent necessary to make decisions about my child's eligibility for 20 hours ECE Funding. I also consent to the early childhood service providing relevant information to MOE and to other early childhood education services my child is enrolled at, above the information contained in this enrolment form.

SIGNED:

Please indicate below whether you give permission for your child to:

- Attend small local walks with an adult to child ratio of no more than 1 adult to 3 children Yes No
- Have the Public Health Nurse visit when she calls Yes No
- Be transported by ambulance in the case of an emergency Yes No
- Be photographed by our early childhood staff, students or other parents Yes No
- Agree for staff to apply homeopathic medication (eg. arnica) and sun screen lotion to my child if necessary Yes No

In signing this enrolment form:

I agree to pay the fees on the basis of the current "Fees Schedule". Please note the "Fees Schedule" may change from time to time. The most current version is attached.

I agree to pay my child's fees at least one week in advance. I understand that my child's place may be forfeited if the fees are not kept up to date.

I agree to abide by the Centre policies and rules as outlined in the "Parent's Handbook" of which I have been given a copy.

I hereby advise that I have applied for a Department of Work and Income Childcare Subsidy

Yes No

Hours applied for:

I hereby confirm that my child is not enrolled at another early childhood centre for the same hours and days as he/she is enrolled at Tots on Triton.

I hereby understand that I will not bring my child to the centre when they are suffering from any condition that is capable of being transmitted to another child.

I understand that I must hand all medication to staff on admission and sign the medication book.

I verify that the information that I have given above is true and correct.

NAME:

SIGNATURE:

DATE:

Privacy Act - You understand this information is being collected in accordance with the Privacy Act 1993 and that you have rights of access to and correction of personal information held by us. The information will be used to prepare rolls and records required by the Ministry of Education and the Department of Work and Income for administrative purposes. You agree and authorise us and any requested third party to obtain or divulge any information about you collected in the course of our day to day business activities including credit checking and assessment, debt collection and direct marketing activities.

How did you hear about our centre?

- Yellow Pages
- Local paper advertisement
- Referral from another parent
- Other:

Change to days and times of enrolment

Date the change is to take affect:

Days Enrolled	Mon	Tue	Wed	Thu	Fri	Total
Times Enrolled						
20 hours ECE Funding at this service						
20 hours ECE Funding at another service						

1. Is your child receiving 20 hours ECE Funding for up to 6 hours per day, 20 hours per week at this service?
 Yes No
2. Is your child receiving 20 hours ECE Funding at any other service?
 Yes No
3. If yes, please sign to confirm your child does not receive more than 20 hours ECE Funding per week across all services.
 Yes No

PARENT SIGNATURE:

DATE:

DATE CHILD LEFT CENTRE:

Office only -

Parent has been given the following information on enrolment:

- Enrolment form
- Fees schedule
- Parent Handbook
- Staff have sighted and copied Immunisation Booklet