



## ENROLMENT FORM

**Child's name:** \_\_\_\_\_ Male / Female  
 D.O.B: \_\_\_\_\_ Nationality: \_\_\_\_\_ Iwi: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Address: \_\_\_\_\_ Email \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Work): \_\_\_\_\_ Mobile: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Address: \_\_\_\_\_ Email \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Work): \_\_\_\_\_ Mobile: \_\_\_\_\_

Siblings: \_\_\_\_\_

### Emergency Contacts:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Person/s who CAN collect your child:

Name: _____ Phone: _____ Mobile: _____	Name: _____ Phone: _____ Mobile: _____
Name: _____ Phone: _____ Mobile: _____	Name: _____ Phone: _____ Mobile: _____
Name: _____ Phone: _____ Mobile: _____	Name: _____ Phone: _____ Mobile: _____

**Is there anyone who is not allowed to collect your child?** If **YES**, please give details of any custodial arrangements or court orders (a copy of any court order is required)

Date of Enrolment: \_\_\_/\_\_\_/\_\_\_ Date of Entry: \_\_\_/\_\_\_/\_\_\_ Date of Exit: \_\_\_/\_\_\_/\_\_\_

Please Note: 20 Hours ECE is for up to **six hours per day, up to 20 hours per week** and there **must be no** compulsory fees when a child is receiving 20 hours ECE funding.

<b>Days Enrolled:</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	
<b>Times Enrolled:</b>						<b>Total number of hours</b>
For 20 Hours ECE fill out boxes below with hours attested eg. 6 hours						
20 Hours ECE at this service						<b>Total number of hours</b>
20 Hours ECE at another service						<b>Total number of hours</b>

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**20 Hours ECE Attestation :**

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

*Tick One* Yes  No

2. Is your child receiving 20 Hours ECE at any other services?

*Tick One* Yes  No

If yes to either or both of the above, please sign to confirm that :

- Your child does not receive more than 20 hours of 20 hours ECE per week across all service.
- You authorise the Ministry of Education to make enquires regarding the information provided in the Enrolment Agreement Form, if deemed necessary, and to the extent necessary to make decisions about your child's eligibility for 20 Hours ECE.
- You consent to the early childhood education service providing relevant information to the Ministry of Education, and to other early childhood education services your child is enrolled at, about the information contained in this box.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Dual Enrolment Declaration**

I hereby declare that my child is not enrolled at another early childhood institution at the same times that he/she is enrolled at

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Child's Doctor:** \_\_\_\_\_

Phone: \_\_\_\_\_

Illness/Allergies: \_\_\_\_\_

**Immunised** Yes / No Please bring in your child's Plunket Book on date of enrolment

**Is there anything else you would like to tell us about your child?**

(religion, routines, language etc.)

**How did you hear about Tuahiwi Community Preschool?**

- I give permission for centre staff to carry out written observations and use of digital images of my child to be used for the purpose of programme planning and recording. (Students who enter the centre may wish to observe also). **YES / NO**
- The Profile books are stored in a public area for easy access. Whilst we ensure confidentiality, we do require you to give your permission for the book to be stored where others may view it. **YES / NO**
- For minor accidents/incidents centre staff may elect to use products such as Arnica cream, Sting Goes, Rescue remedy etc.  
I give permission for such products to be used on my child. **YES / NO**
- I understand that if Tuahiwi Community Preschool withdraws from the 20 Hours ECE scheme I will be liable for fees as outlined in the Fee Structure. **YES / NO**

Signature \_\_\_\_\_ Date \_\_\_\_\_

I HAVE READ AND AGREE TO THE FOLLOWING :

**I will not bring my child to Tuahiwi Community Preschool :**

- In the event of sickness.
- If child is requiring pain relief.
- In case of vomiting and/or diarrhoea, your child can only return 48 hours **after** being sick.
- In case of infectious illness eg Chicken pox, Rubella, Hepatitis, Mumps, Gastroenteritis, Conjunctivitis.
- I authorise the Preschool staff to administer medication provided and specifically authorised by me on a daily basis for my child, as stated in Tuahiwi Community Preschool Medication Policy. In the event of accidents the Preschool Staff are authorised to seek medical advice as they may see necessary for my child's best interests. In the unlikely event of an emergency I give permission for my child to be taken to hospital in an ambulance if necessary.
- **I give permission for my child's photo to be on the preschool website. No surnames will be used. YES/NO**
- I will notify the Preschool if my child is to be absent preferably by 8.45am.
- Should a court order be placed upon any Parent or Guardian of a child enrolled at the Preschool, the Supervisor must be notified immediately and given a copy of such order.
- I will notify the Preschool if anyone other than those listed on this enrolment form are to pick up my child from the Preschool and I understand my child must be kept in the Preschool until such permission is given.
- I give permission for my child to travel on short walks in the local area accompanied by staff. For all other excursions my specific permission for each such excursion will be required.
- I agree to pay fees, by the due date indicated on the fees invoice.
- The committee has the authority to review the fees at anytime. Failure to pay fees within this timeframe will result in my account being passed over to a debt collection agency and incurring all costs associated with the collection of the fees.
- My child is not enrolled concurrently in any other school or early childhood centre.
- I will give two weeks notice before withdrawing my child from Tuahiwi Community Preschool.

<b>Parent Declaration</b>
I declare that all the above information is true and correct to the best of my knowledge
Parent/Guardian Signature: _____ Date: ___/___/___
<b>Service Declaration:</b>
On behalf of Tuahiwi Community Preschool, I declare that this form has been checked and all relevant sections have been completed.
Service Provider Signature: _____ Date ___/___/___

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	8.45am-3.15pm	8.45am-3.15pm	8.45am-3.15pm	8.45am-3.15pm	8.45am-3.15pm	
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