



LITTLE PUKEKO'S PRE-SCHOOL ENROLMENT FORM

CHILD'S DETAILS

Preferred First Name: _____ Preferred Last Name: _____

Middle Name: _____ Gender: Male Female

Official Name: _____ Official Last Name: _____
(only required if different to preferred names)

Address: _____
_____ Postcode: _____

Ethnicity: _____ Iwi: _____ Home Language(s) _____

Birth Date: _____ Age: _____

OTHER DETAILS

Application Date: _____ Start Date: _____ Leave Date: _____
(Office Use Only)

How did you hear about our centres: _____

MEDICAL

Doctor: _____ Phone: _____

Allergies: _____ Special Diet: _____

Medical Comments: _____

DUAL ENROLMENT DECLARATION (THIS MUST BE FILLED IN FOR ALL CHILDREN)

I hereby declare that my child (please circle which one applies) is / is not enrolled at another Early Childhood Service at the same time that he/she is enrolled at Little Pukeko's Pre-School.

Name of other service: _____ Hours Enrolled: _____
(Only to be completed if enrolled at another Early Childhood Service)

Signature: _____ Date: _____
(Mother/Father/Guardian)

IMMUNISATION CHECKLIST (OFFICE USE ONLY)

Please bring in a copy of your child's birth certificate and immunisation record.

6 WEEKS 12 WEEKS 5 MONTHS 15 MONTHS 4 YEARS MENINGOCOCCAL 1st 2nd 3rd 4th

Immunisations record sighted: _____ Date: _____
(staff signature)

Birth Certificate Filed: _____ Date: _____
(staff signature)

SERVICE DECLARATION (OFFICE USE ONLY)

On behalf of Little Pukeko's Pre-School, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____ Date: _____
(staff signature)

NSN Number: ePortfolio: Qualify: Y / N Sign up @ \$5 per week

DAYS ENROLLED**(FILL IN IF YOUR CHILD WILL NOT BE ON A WINZ SUBSIDY OR THE 20 HOURS ECE)**

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday
Times Enrolled					

Parent/Guardian Signature: _____ Date: _____

WINZ SUBSIDY - DAYS ENROLLED**(FILL IN ONLY IF YOU WILL BE RECEIVING A WORK AND INCOME SUBSIDY)**

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday
Times Enrolled					

Parent/Guardian Signature: _____ Date: _____

20 HOURS ECE-ATTESTATION DETAILS - DAYS ENROLLED**(FILL IN IF YOUR CHILD WILL NOT BE ON A WINZ SUBSIDY)**

Is your child receiving 20 Hours Early Childhood Education for up to 6 hours per day, 20 hours per week at this service? Yes No

Is your child receiving 20 Hours ECE at any other service? Yes No

I agree to pay **FEES** for hours not covered by 20 Hours ECE. Yes No

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
Times Enrolled						

ATTESTATION FORM for 20 Hours ECE – fill out boxes with the hours attested eg 6 hours

20 Hours ECE At this service						
20 Hours ECE At another service						

I confirm that: _____
(child's name)

- The child named above does not receive more than 20 Hours ECE per week across all services.
- I will immediately notify all services where the child receives 20 Hours ECE of any changes to the information provided above.
- I have read and understood the information in this form and confirm that the information provided by me is true and correct.

Parent/Guardian Signature: _____ Date: _____

PARENT DETAILS (ENROLLING PARENT)

First Name: _____ Last Name: _____

Address: _____

(IF DIFFERENT FROM CHILD)

Daytime Phone: _____ Evening Phone: _____

Mobile: _____ Email Address: _____
(PLEASE PRINT CLEARLY)

Occupation: _____ Place of Work: _____

OTHER PARENT DETAILS

First Name: _____ Last Name: _____

Address: _____

(IF DIFFERENT FROM CHILD)

Daytime Phone: _____ Evening Phone: _____

Mobile: _____ Email Address: _____
(PLEASE PRINT CLEARLY)

Occupation: _____ Place of Work: _____

IMMEDIATE FAMILY MEMBERS - SIBLINGS

First Name/s of Sister/s: _____

First Name/s of Brother/s: _____

EMERGENCY CONTACT (OTHER THAN PARENT)

First Name: _____ Last Name: _____

Relationship to Child: _____

Daytime Phone: _____ Evening Phone: _____

Mobile: _____

EMERGENCY CONTACT (OTHER THAN PARENT)

First Name: _____ Last Name: _____

Relationship to Child: _____

Daytime Phone: _____ Evening Phone: _____

Mobile: _____

CUSTODIAL

Persons authorised to collect your child:

Names of any person(s) forbidden by law
to have access to your child or have
rights subject to conditions (supporting
legal documents must be provided):

TERMS, CONDITIONS, REQUIRED DECLARATIONS**ENROLMENT CONDITIONS**

I attest to the accuracy of the information provided on this enrolment form

I agree to enroll my child/ren for a minimum of 2 full days or 2 school hour days

I agree to pay the \$50.00 administration fee upon enrolment

I agree to provide the centre with a copy of my child's birth certificate and immunization schedule on enrolment.

I understand that acceptance of enrolment of my child at Little Pukeko's Pre-School is in no way an assurance or guarantee of continued enrolment for the time indicated or under the terms and conditions effective at the time of enrolment. I declare that my child is not enrolled in another Early Childhood service on the days that they are enrolled at Little Pukeko's Pre-School.

Yes No **AGREEMENT TO RULES AND MANAGEMENT**

In signing this enrolment form I agree to abide by the rules and policies of the Centre as set down from time to time by management.

I accept that management reserves the right to revoke enrolment.

I accept that the centre reserves the right to add, amend, clarify or delete terms, conditions or policies by issuing newsletters, notices or posting notification on one of the centre notice boards.

Yes No **FEES AGREEMENT**

In signing this enrolment form, I agree to pay fees on the basis of the Fees Schedule current at the time and in accordance with the Fee Payment Practice of the Centre, & acknowledge and agree to pay the appropriate fee for an enrolled day.

I agree to pay fees one week in advance. I accept the 'late pick up fee' as per policy.

I agree to give 'two weeks' notice' before withdrawal of my child from the centre.

I understand a charge will be made for absences and holidays, as per the current centre fee schedule and fee policy.

I understand and accept full responsibility for payment of the fees charged to my account in accordance with the published policies & fee rates.

The centre reserves the right to change the fee rates and policies and irrespective of previously published or quoted prices, the new rates & policies will apply from the notified date. I understand & accept that these fees are to be paid in full, in advance, within 3 days of the beginning of each billing period.

I understand & accept that irrespective of any arrangements with any third party (e.g adult, income support services, accident insurance, trusts or budget services etc) to pay the fees, the full responsibility for payment remains with me.

I understand & accept that any fee or change remains unpaid beyond the time specified in the fee policy, my child's enrolment maybe forfeited, the debt passed on to a debt collection agency, & that I will be responsible for any costs incurred in the process.

Yes No **PRIVACY ACT**

The information requested in this Enrolment Application Form is needed by the centre to comply with statutory requirements or to enable centre staff to contact you or to ensure the appropriate care and education of your child. We will use and disclose your child's information only in accordance with the Privacy Act 1993. Under that Act you have the right to access and request correction of any personal information we hold about you or your child.

Details about your child's identity will be shared with the Ministry of Education so that it can allocate a national student number for your child.

This unique identifier will be used for research, statistics, funding, and the measurement of educational outcomes.

Yes No **UNWELL CHILDREN**

In signing this enrolment form I agree to the centre rule I am not to bring my child to the centre when they are suffering from any condition that is capable of being transmitted to other children (refer to the Health/Wellness Policy).

Yes No **TREATMENT, TESTING OF CHILDREN**

I authorize the centre to administer to my child medications in accordance with the medicine administration policy of the centre.

I give permission for staff to apply basic first aid and sunscreen products to my child.

In the event of an accident or emergency, I authorize the centre to seek advice or treatment as it deems necessary in the best interests of my child and I accept responsibility for the expenses incurred.

I consent to vision, hearing and glue ear tests, or other tests by qualified professionals that are considered in the best interest of the child and consent to the results of these tests being discussed with my child's teacher.

I give permission for teachers to change my child's wet or soiled clothing when necessary.

Yes No **PARKING AND ESCORTING**

I agree that when dropping off my child at the centre I will park in the designated area as suitable by the centre management, escort my child into the building and sign them in on arrival before leaving my child in the centre's care. When dropping off or picking up my child I will sign them in or out before leaving the centre and I will also ensure a staff member is aware when I am dropping off and picking up my child.

I understand and accept that it is a condition of enrolment that children driven to and from the centre must travel in a child's car seat or restraint in accordance with traffic regulations.

Yes No **INDIVIDUAL DEVELOPMENT PLAN/PHOTOGRAPHS/VIDEOS**

I agree to my child being photographed for individual development planning and student teacher education. I confirm that I will respect the confidentiality of other children's documentation.

Yes No **CENTRE EXCURSIONS**

In signing this enrolment form I authorise the centre staff to take my child in small groups on short outside walks and visits to the park etc.

I authorise the taking of my child on outside visits (where I am not attending or assisting) that have been advertised or notified by the Centre, and will pay such additional charges as required to cover costs. I understand that my child may be taken to an alternative location during an emergency eg local civil defense centre.

Yes No **CENTRE PROMOTION**

I agree to my child being observed and photographed/videoed for advertising, including Social Media accounts and promotional materials for the centre.

Facebook Closed Group

Yes No

Facebook Public Page

Yes No Yes No

PARENT NAME IN FULL: _____

PARENT DECLARATION

I declare that all the above information is true and correct to the best of my knowledge.

Parent/Guardian Signature: _____

Date: ____/____/____

ADDITIONAL REQUESTS/COMMENTS