



# Enrolment Form

**Childs Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_

**Parent/Guardian Information:**

**Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

*Please tick if you would prefer to receive  
Newsletters & other information etc via email*

**Emergency Contacts:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Town:** \_\_\_\_\_

**Finish Date:** \_\_\_\_\_

**Parent/Guardian Information:**

**Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

*Please tick if you would prefer to receive  
Newsletters & other information etc via email*

**Preferred Primary Contact:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Family Doctor:**

Name: \_\_\_\_\_

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

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

**Health Information:**

Is your child up to date with  
Immunisations?

Yes

No

Please show staff immunisation  
certificate so they can verify: (Only if child  
over 15mths old)

Cited & Recorded (Staff):

Yes

No

Has your child had any of the listed  
conditions

Asthma  Epilepsy  Convulsions

Mumps  Rubella  Chicken Pox

Measles  Diabetes  Hepatitis

Ear Infections

Any other conditions: \_\_\_\_\_

Does your child suffer from allergies?  
\_\_\_\_\_

Is your child on any on-going  
medication? \_\_\_\_\_

Does your child require a special diet?  
\_\_\_\_\_  
\_\_\_\_\_

In an emergency, may we obtain medical  
help for your child? \_\_\_\_\_

Is there any additional information we  
should be aware of? (Religion, language etc)  
\_\_\_\_\_  
\_\_\_\_\_

**Consents:**

*Please list any person/s that may collect your child from the centre:*

*Name:*

*Relationship:*

*Phone Number:*

_____	_____	_____
_____	_____	_____
_____	_____	_____

*Is there any person that cannot collect your child from the centre:*

*Name:*

*Relationship:*

_____	_____
_____	_____

**Outings:**

*I give permission for my child to participate in walks in the immediate environment supervised by centre staff under the ratios set out in the excursions policy.*

*Parent/Caregiver Signature:..... Date: .....*

*I have viewed the outings policy and give approval for outings up to 40mins drive from the centre. I approve of the adult staff ratios for outings.*

*Parent/Caregiver Signature:..... Date:.....*

**Observations/Photos:**

*I give the permission for the staff at Cole Street Early Learning Centre, along with students to take photos, and do observations on my child, for the purpose of programme planning and their course requirements.*

*Parent/Caregiver Signature:..... Date:.....*

Administration of Medication:

I have read the administration of medication policy.

Parent/Caregiver Signature:..... Date:.....

I give permission for the non-medical staff at Cole Street Early Learning Centre to administer medication to my child only when I give written daily requirements in the medicine register.

Parent/Caregiver Signature:..... Date:.....

I give permission for staff to apply sunscreen, arnica, and stingoes (for stings and bites) to my child when required.

Parent/Caregiver Signature:..... Date:.....

Vision and Hearing:

I give permission for child at the age of 3 years old to have a hearing check and at the age of 4 years old to have a vision check.

Parent/Caregiver Signature:..... Date:.....

Fees:

I have read and understand my obligations regarding fees. Fees are to be paid weekly unless alternative arrangements are made on enrolment.

Parent/Caregiver Signature:..... Date:.....

Iwi:

If your child identifies as Maori, please enter the names(s) of his or her iwi.

Iwi: \_\_\_\_\_ Rohe (Iwi home area) \_\_\_\_\_

Iwi: \_\_\_\_\_ Rohe (Iwi home area) \_\_\_\_\_

Hours:

Centre Hours:

DAYS:	MON	TUES	WEDS	THUR	FRI
HOURS:					

20 Hours ECE:

*Enrolment details:*

*Date of Enrolment:.....*

*Date of Entry:.....*

*Date of Exit:.....*

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled						Total
20 Hours ECE at this service						
20 Hours ECE at another service						

*Parent/Carer Signature:.....*

*Date:.....*

*Change of Days/Times of enrolment:*

*Effective date of change:.....*

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled						Total
20 Hours ECE at this service						
20 Hours ECE at another service						

*Parent/Carer Signature:.....*

*Date:.....*

**20 Hours ECE Details:**

Is your child receiving 20 Hours ECE 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 services?  YES  NO

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

You authorise the Ministry of Education to make enquires it deems necessary regarding the information provided in the 20 Hours ECE Details Box to the extent necessary to make decisions about your child's eligibility for 20 Hours ECE. You also consent to the early childhood 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/Caregiver Signature:.....

**I have agreed to pay the following Fees:**

Note: Your service must not require you to pay fees for the 20 Hours ECE hours your child is receiving.

**I have agreed to pay the following Optional Charges:**

Parent/Caregiver Signature:.....

**Dual Enrolment Declaration:**

I hereby declare that my child is not enrolled in another early childhood institution at the same times that he/she is enrolled at Cole Street Early Learning Centre.

Parent/Caregiver Signature:.....

**Declaration:**

I declare that all of the information on this enrolment form is correct:

Parent/Caregiver Signature:.....