

Enrolment Form



Licence

This form contains:

- An **application form** for the enrolment of your child at our centre
- An **authorisation agreement**

Please read this information carefully and return the appropriately completed form to our centre.

Child's Details

First Name _____ Middle Name _____ Last Name _____

Male Female

Child's Residential Address

Address _____

City _____ Post Code _____

Ethnic Groupings

Ethnic 1 _____ Iwi 1 _____

Ethnic 2 _____ Iwi 2 _____

Home Language _____

Date Details

Child's Birth Date ____/____/____

Application Date ____/____/____

Starting Date ____/____/____

Leaving Date ____/____/____

Invoice Whom _____

How did you hear about our centre?

Advert Yellow Pages Other Centre Signage

Referral Staff member Other Parent Website

Medical Details

Allergies/Medical Conditions _____

Special Diet _____

Doctors Name _____ Doctor's Telephone _____

Billing Details

(Please complete full contact details for this person on the "Contact Update" form)

WINZ Number _____ Authorised Hours _____ WINZ Start/End Date _____

Times Enrolled

	Monday	Tuesday	Wednesday	Thursday	Friday
Start					
Finish					
				Total Hours	

First Contact (Person responsible for Payment)

First Name _____ Middle Name _____ Last Name _____
Title _____ Relationship to Child _____
Address _____
Daytime Phone _____ Mobile Phone _____ Evening Phone _____
Bank Name _____ Bank Branch _____ Email Address _____
Occupation _____
Emergency Contact **Y/N** Forbid/Conditional Access **Y/N** Allowed to Collect Child **Y/N**

Second Contact

Name _____ Middle Name _____ Last Name _____
Title _____ Relationship to Child _____
Address _____
Daytime Phone _____ Mobile Phone _____ Evening Phone _____
Occupation _____

Additional Person(s) who can pick up your child

First Name _____ Relationship to Child _____
Daytime Phone _____ Mobile Phone _____ Evening Phone _____

First Name _____ Relationship to Child _____
Daytime Phone _____ Mobile Phone _____ Evening Phone _____

First Name _____ Relationship to Child _____
Daytime Phone _____ Mobile Phone _____ Evening Phone _____

Person(s) who cannot pick up your child

Name _____ Relationship to Child _____
Name _____ Relationship to Child _____

Document Details Received/Sighted

Birth Certificate Legal Documents Authorisation Agreement Signed
Immunisation Certificate Terms of Trade Centre Information given to Parents

Authorisation Agreement

My child has my permission to participate in appropriate walks around the local area with other children and staff. I authorise the childcare centre to take photographs, video and sound recordings of my child for educational, marketing and security purposes.

I agree to pay childcare fees as per the Centre's Terms of Trade. I understand that statutory and absent days will be charged at the normal rate. If any outstanding debt is past 60 days due, I understand that the account will be passed onto debt collectors. I declare that my child is not enrolled at any other childcare/kindergarten during these hours.

I have read this agreement along with the Terms of Trade and Centre Policies and agree to accept the conditions stated. I have read and agree with the centre's Supervision of Sleeping Children Policy.

I declare that all above information is correct

Parent/guardian signature: _____

Date: ___/___/_____