

Pohutukawa Early Learning Centre

Enrolment Form

Childs Name: _____

Date of Birth: _____

Address: _____

Town: _____

Start Date: _____

Finish Date: _____

Parent/Guardian Information:

Parent/Guardian Information:

Relationship: _____

Relationship: _____

Name: _____

Name: _____

Address: _____

Address: _____

Occupation: _____

Occupation: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Email address: _____

Email address: _____

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

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Emergency Contacts:

Preferred Primary Contact: _____

Name: _____

Name: _____

Address: _____

Address: _____

Day Phone: _____

Day 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)**

Checked & Recorded (Staff):

Yes

No

**Has your child had any of the listed
illnesses?**

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:

Observations/Photos:

I give the permission for the staff at Pohutukawa 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:.....

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:.....

Administration of Medication:

I have read the administration of medication policy.

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

I give permission for the non-medical staff at Pohutukawa 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:.....

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/Caregiver 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/Caregiver 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.

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 Pohutukawa Early Learning Centre.

Parent/Caregiver Signature:.....

Declaration:

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

Parent/Caregiver Signature:.....