

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:

Signed:

20 HOURS ECE ATTESTATION

(a) Is your child receiving up to 20 Hours ECE at this service? Yes / No (circle one)

(b) Is your child receiving 20 Hours ECE at any other services? Yes / No (circle one)

If yes to (a) or (a) and (b) above, please sign below to confirm that:

- 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 enquiries 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 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/Guardian Signature: Date: / /

I have agreed to pay the following fees: (note: no fees required for up to the 20 hours ECE, however fees are required for care and education beyond the 20 ECE hours)

.....

Parents/Guardian Signature: Date: / /

I have agreed to pay the following **optional charges**: (note: please include the cost and the detail of what the charge is for)

.....

.....

Parent/Guardian Signature: Date: / /

CUSTODIAL STATEMENT:

Is there any custodial arrangements concerning your child?

.....

PERSON/S WHO CAN PICK UP YOUR CHILD:

Name: Address: Phone:	Name: Address: Phone:
Name: Address: Phone:	Name: Address: Phone:

Person/s who cannot pick up your child:

Name: Name:

Name: Name:



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ENROLMENT FORM

CHILD

Child's first names:

Surname:

Name your child is known by: Ethnic origin:

Iwi your child belongs to:

Language spoken at home: Religion:

Child's date of birth: Date: / / Male / Female (circle one)

Child's home address, or addresses:

.....

PARENTS / GUARDIANS (people who have the role of providing day to day care for the children)

(1) First names:

Surname:

Address:

.....

Occupation: Work name:

Phone (Home): (Work): (Mobile):

Email:

Relationship to child (mother, father, grandmother etc):

.....

(2) First names:

Surname:

Address:

.....

Occupation: Work name:

Phone (Home): (Work): (Mobile):

Email:

Relationship to child (mother, father, grandmother etc):.....

EMERGENCY CONTACTS

(1) Name:

Address:

Phone (Home): (Work): (Mobile):

(2) Name:

Address:

Phone (Home): (Work): (Mobile):

DOCTOR

Name:

Address:

Phone:

HEALTH

Illness/allergies:

Is your child up to date with immunisations? (Please provide verification of all immunisations)

.....

Immunisation record cited and details recorded: Yes / No (circle one)

Has your child a special need or requirement?

.....

MEDICATION (to be filled in if you child requires medication as part of an individual health plan)

Individual health plan completed and signed: Yes / No (circle one)

Name of medicine:

Method and dose of medication:

When does the medicine need to be taken? (time or specific symptoms/circumstances):

.....

YOU AND YOUR CHILD:

Please tell us about your child’s strengths, interests, special comforters, fears and preferences:

.....

.....

.....

.....

Are there ways that you would like to contribute to the centre? (eg. Play a musical instrument, working bees or spring cleans, interpret policies into another language, supply art paper etc)

.....

.....

.....

ENROLMENT DETAILS (please note: 20 Hours ECE is for three and four year olds)

Date of enrolment: / / Date of entry: / / Date of exit: / /

Days enrolled		Monday	Tuesday	Wednesday	Thursday	Friday
Times Enrolled	Arrive					
	Depart					
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian Signature: Date: / /

CHANGE OF DAYS/TIMES OF ENROLMENT

Effective Date of change: / /

Days enrolled		Monday	Tuesday	Wednesday	Thursday	Friday
Times Enrolled	Arrive					
	Depart					
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						

Parent/guardian signature:

..... Date: / /

CHANGE OF DAYS/TIMES OF ENROLMENT

Effective Date of change: / /

Days enrolled		Monday	Tuesday	Wednesday	Thursday	Friday
Times Enrolled	Arrive					
	Depart					
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						

Parent/guardian signature: Date: / /

Policy statement: This centre has a number of policies that set out the procedures that are in place for the care and education of the children who attend. We strongly urge you to read these. The signing of this enrolment form indicates that you will abide by the policies of this centre, and understand how you can have input to policy review.

Parent information book: Please ensure that you read the information in the parent information booklet as it covers such things as fee details, our education programme and ways in which we can help you and your child settle into the centre.

Privacy statement: All personal information kept on your child will be secure, accurate and kept confidential.

Excursions: In signing this enrolment form, I give permission for my child to travel with the centre staff or adults authorised by the Manager in a motor vehicle while in the care of the Centre. The vehicles used will meet the LTSA child safety requirements. Such travel may be arranged for centre excursions; community walks, emergency medical assistance, transport to/from school or home: This written permission from parents in advance, allows for 4 or less children to participate in spontaneous outings.

Fees: I have read and agree to abide by the fee structure and policy.

Basic First Aid: I give permission for staff to apply arnica cream, antiseptic cream and band aids to my children.

Sunscreen: I give permission for staff to apply sunscreen to my child for outside play.

Photo/video: I give permission for my child to be photographed for the purposes of assessment, planning and evaluation, displays, promotional use; including media.

DECLARATION

I declare that all the above information is correct:

Parent / guardian’s signature: Date: / /

Please check that you have bought your child’s immunization certificate with you.