



# Paradise for Little Angels

## ENROLMENT FORM

Child's Name: \_\_\_\_\_

Name your child is known by: \_\_\_\_\_ Gender: M / F

DOB: \_\_\_\_\_ Ethnic Group: \_\_\_\_\_

Religion: \_\_\_\_\_ Language spoken: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address (if you wish to receive invoices, newsletter etc via email): \_\_\_\_\_

### Parent / Guardian / Whanau

Mother's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work number: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Father's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work number: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Other Children in Family: \_\_\_\_\_



### Emergency Contact:

	Name	Relationship	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Who will be normally responsible for collecting your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of people forbidden to have access to your child (copy of Court Order required):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Information:**

**Allergies:** \_\_\_\_\_

**Regular Medication Prescribed:** \_\_\_\_\_

**Comments (any medical information which may be helpful to the staff in the care of your child):**

**Family doctor:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

If necessary your child will be taken to the nearest/appropriate Medical Centre at staff discretion. All reasonable steps will be taken to contact the parent/guardian/whanau as soon as possible.

A non-prescribed medicine such as arnica cream, antiseptic liquid, insect bite treatment etc that is not ingested, and is used for the first aid treatment of minor injuries; provided by the Paradise for Little Angels is kept in the first aid cabinet.

Do you approve these medicines to be used on your child? *Tick one* Yes  No

<b>Name/s of specific non-prescribed medicines that can only be used on my child, provided by Paradise for Little Angels:</b>	
▪	▪
▪	▪
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	

<b>A prescription such as asthma inhalers, epilepsy medication, lanolin cream etc; used for ongoing treatment of a pre-diagnosed condition are provided by a parent for the use of their child.</b>	
To be filled in if your child requires medication as part of an individual health plan, for example for an on-going condition such as asthma or eczema etc and is for the use of that child only	
Individual health plan completed and signed: <i>Tick one</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of medicine:	
Method and dose of medicine:	
When does the medicine need to be taken: (State time or specific symptoms)	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____

**Immunisation:**

It is a legal requirement for ECE Centres to keep records of children's immunisation status and a copy of their birth certificate. Please bring your child's immunisation certificate and birth certificate in, on/or before their first day to enable staff to record appropriate details (copy can be made at the centre if required).

<b>Office use:</b>			
Immunisation up to date	Yes / No	Certificate shown	Yes / No
Copy of birth certificate	Yes / No		
Comments: _____			
_____			

**Bookings Details:**

Date of enrolment: \_\_\_\_\_ Date of entry: \_\_\_\_\_ Leave date: \_\_\_\_\_

	Arrival	Departure
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		

My child is not booked at any other ECE facilities during the times stated above. (Please note, this is a Ministry of Education requirement.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**20 Hours Early Childhood Education Details:**

20 Hours ECE is for up to six hours per day, up to 20 hours per week and there is no compulsory fees when a child is receiving 20 Hours ECE funding.

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total number of hours:

<b>For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours</b>						
20 Hours ECE at this service						Total number of hours:
20 Hours ECE at another service						Total number of hours:
Parent/Guardian Signature: _____ Date: ____/____/____						

**◆ 20 Hours ECE Attestation:**

1. Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service?

Tick One Yes  No

2. Is your child receiving 20 Hours ECE at any other services?

Tick One Yes  No

If yes to either or both of the above, please sign 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 regarding the information provided in the Enrolment Agreement Form, if deemed necessary and to the extent necessary to make decisions about your child's eligibility for 20 Hours ECE.
- You consent to the early childhood education 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/We agree to pay the current hourly rate as set out in the fee schedule for any hours my child attends outside of the hours that have been attested to on this Enrolment Form.**

**I have read and understand the following points:**

1. I/we will not bring my/our child to the preschool in the event of any signs of illness or any infectious illness, e.g. Chicken Pox, Rubella, Hepatitis, Mumps, Conjunctivitis, or any signs of an acute cold and nasal discharge.
2. I/We authorise the teachers to administer medicine provided by me for my/our child. In the event of an accident if I/we can not be contacted, I/we understand that authorisation can be given by management to seek medical advice.
3. I/We will notify the preschool if my/our child is to be absent or if I/we require a change in hours.
4. I/We will notify the preschool if anyone other than those listed is to collect my/our child from the preschool. I understand my child must be kept in the preschool until such permission is given.
5. I/We agree I/we will pay all fees weekly in advance, which will not be refundable, and will give a minimum of two week's notice if I/we wish to reduce our booking or withdraw our child from the preschool.
6. I/We agree that I/we will pay all fees, as agreed, even if the days booked fall on a Statutory holiday, Teacher only Day or my/our child is sick and unable to attend, or is on holiday on the days booked (see the information booklet).
7. I/We acknowledge that my/our child's booking will be cancelled if fees remain outstanding after three weeks.
8. I/We agree to pay a late fee for my/our child if they are left at the preschool after 5.30pm. It is \$5.00 per every five minutes. This fee will go to the staff member who stays late with my/our child.
9. I/We accept/not accept that my/our child's photo may be included in another child's file due to being photographed within a group activity to record learning stories.
10. I/We accept/not accept that my/our child may be included in photos and/or videos taken by another family when they are recording their own child's special day. (e.g. birthdays)
11. I/We give permission for my/our child to accompany staff on impromptu walks outside of the Centre. Appropriate ratios will be maintained with children's ages and abilities in mind and will not exceed government regulation ratios e.g. no greater than 1:4 in the nursery and 1:10 in the preschool.
12. I/We give permission for sunscreen to be applied to my/our child as required.
13. I/We have read, understood and agree to abide by the Centre's policies.



**I/We certify that the information given in this enrolment form is true and correct.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Booking Changes:

Any amendments to this child's booking must be noted here and signed by parent/guardian/whanau as a licensing requirement of the Ministry of Education.

<b>Change of Days/Times of Enrolment:</b>						
Effective Date of Change: ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
<b>For 20 Hours ECE fill out boxes below</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						
1. Is your child receiving 20 Hours ECE at any other services? <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

<b>Change of Days/Times of Enrolment:</b>						
Effective Date of Change: ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
<b>For 20 Hours ECE fill out boxes below</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						
1. Is your child receiving 20 Hours ECE at any other services? <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

<b>Change of Days/Times of Enrolment:</b>						
Effective Date of Change: ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
<b>For 20 Hours ECE fill out boxes below</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						
1. Is your child receiving 20 Hours ECE at any other services? <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

