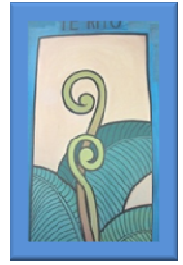


Flanshaw Early Childhood Centre

Phone 834 7132

ENROLMENT FORM



Child's First Name _____ Family name _____

Date of Birth _____ Male _____ Female _____

Child's ethnicity (required by Ministry of Education) _____

If Maori, which Iwi do you identify with _____
(requested by Ministry of Education)

Language spoken by child _____

Child's address _____

Phone number _____

Parent 1. Mr, Mrs, Ms Name _____

Address _____

Phone work _____ Home _____

Mobile _____ Email _____

Parent 2 Mr, Mrs, Ms Name _____

Address _____

Phone work _____ Home _____

Mobile _____ Email _____

What Primary School will your child attend? _____

Emergency contacts. Must be able to collect child in the case of illness / emergency.

1. Name _____ Relationship _____

Phone number _____ (home) _____ (work) _____ (mobile)

2. Name _____ Relationship _____

Phone number _____ (home) _____ (work) _____ (mobile)

Family Doctor _____ Phone number _____

Is there any person who is prohibited access to your child

Yes / No

Name _____ Relationship to child _____

In order for us to enforce a custody order, we require that a copy be provided and kept on file. This will be kept confidential to centre staff.

Custody order provided to Flanshaw Early Childhood Centre to be kept on file

Yes / No

Has your child any health problems or allergies

Yes / No

If yes please provide details

Is there any other information we should know about your child? _____

Immunisations - It is a requirement that we maintain an immunisation register.

Is your child immunised

Yes / No

Certificate sighted **Yes / No**

If no, please briefly state reason _____

I wish my child to be booked in for the following days and hours:

	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Preferred/Requested Times						
Actual Enrolled Times						
20 hours ECE at this service						
20 hours ECE at another service						

DATE OF ENROLMENT (todays date) _____ DATE OF ENTRY: (confirmed) _____

20 Hours ECE Funding

Will your child be 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 service?

Yes / No

If yes, please sign to confirm your child does not receive more than 20 hours ECE per week across all services.
Yes / No

I hereby authorize the Ministry of Education to make enquires it deems necessary regarding the information provided above to the extent necessary to make decisions about my child's eligibility for 20 hours ECE. I also consent to the Early Childhood Service providing relevant information to MOE and to other early childhood education services my child is enrolled at about the information contained in this enrolment form.

Signed: _____

Please indicate below whether you give permission for your child to: -

Attend small local walks with an adult to child ratio of no more than 1 adult to 3 children	Yes /No
Have the Public Health Nurse visit when she calls	Yes /No
Be taken to the Medical Centre in the case of an emergency	Yes/No
Be photographed by our staff, students or other parents for centre display/ portfolio purposes only	Yes/No
Agree for staff to apply homeopathic medication eg. Arnica to my child if necessary	Yes/No

In signing this enrolment form I hereby:

- agree to pay the fees on the basis of the current “Fees Schedule” as attached and agree to pay my child’s fees at least one week in advance. I understand that my child’s place may be forfeited if the fees are not kept up to date.
- agree to abide by the Centre policies and rules as outlined in the “Parents’ Handbook” of which I have been given a copy.

I hereby advise that I have applied for a Department of Work and Income Childcare Subsidy Yes/No

Hours applied for _____

I hereby confirm that my child is not enrolled at another early childhood centre for the same hours and days as he/she is enrolled at Flanshaw Early Childhood Centre.

I hereby understand that I will not bring my child to the centre when they are suffering from any condition that is capable of being transmitted to another child.

I understand that I must hand all medication to staff on admission and sign the medication book.

I verify that the information that I have given above is true and correct.

Name _____

Signature _____ Date _____

The Management of Flanshaw Early Childhood Centre. undertakes to collect, use and store the information you provide on this form according to the principles of the Privacy Act 1993. The information will be used to prepare rolls and records required by the Ministry of Education, Department of Work and Income for administrative purposes. Confidentiality will be maintained.

How did you hear about our centre?

- Yellow Pages
- Local paper advertisement
- Referral from another parent
- Other - _____

Office only - Parent has been given the following information on enrolment

- Enrolment form
- Fees schedule
- Parent Handbook
- Staff have sighted and copied Immunisation Booklet.