



## Whenuakite Country Kids

Early Childhood Education Centre

### Childs Details

Surname	Given Names
Date of Birth	Boy/Girl
Ethnicity	Iwi
Home Address	
Home Phone	

### Guardians Details

Mothers Name	Fathers Name
Home Address	Home Address
Home Phone	Home Phone
Work Address	Work Address
Work Phone	Work Phone
Mobile	Mobile
E-mail	E-mail

### I authorise the following person/s to collect my child: (apart from parents as above)

Name	Relationship to the child
Name	Relationship to the child
Name	Relationship to the child
Name	Relationship to the child

Names of people who are forbidden by law to have access to the child or have access with conditions

Legal papers copied and filed. Yes/ No

### EMERGENCY CONTACT DETAILS (if Parents are un-contactable)

Person's name:

Address:

Phone number:

Relationship to child:

### HEALTH INFORMATION

Doctors Name: Phone Number:

Information concerning Health/Medication/ Allergies etc

The child is immunised as follows:

Hepatitis B	Polio	Hib	Tetanus	MeNZB #doses
Mumps	Measles	Rubella	Diphtheria	Pertussis

**Immunisation Certificate sighted Y/N Please bring Well Child Immunisation Certificate**



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## ENROLMENT INFORMATION

Start Date			
	TIME		TIME
Monday		to	
Tuesday		to	
Wednesday		to	
Thursday		to	
Friday		to	

- Is your child enrolled at any other early childhood service? Which service is it and what days and times are they enrolled there?

### 20 Hours ECE Details (for 3 and 4 year olds):

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.*

**Signed**

## DECLARATION

- I agree for my child to be taken on walks in the vicinity of the centre.
- I agree for my child to be taken to the local doctor in the case of an emergency, or in the case of Civil Defence, to be transported to safety
- I give permission for staff to apply Arnica or nappy rash cream as appropriate for minor bumps, grazes, nappy rash, and following first aid procedure
- I have read, understand and agree to abide by the child abuse, child behaviour, trips and sleep policies, while at the centre.
- I agree to my child's photo being displayed in the centre as part of programme planning and published in newsletters
- I give permission for my child's name and date of birth to be given to the local school that he/she will attend as part of their roll planning
- I agree to my child's name being displayed in the centre e.g. artwork, recognition cards, birthday charts etc
- I give permission for my child's activities to be observed and recorded under the conditions detailed in the education policy and information leaflet
- I have read and understood the fees and absences schedule and agree to abide by these conditions. I agree to pay collection costs on debts referred to Collection agency
- I agree to accept all WINZ responsibilities and that I pay in full amounts not paid by them for this service.
- I agree to my child being transported on the school bus, in the cases of flooding, where caregivers are unable to access the centre
- I agree for my child to be regularly checked for Head lice
- I will NOT bring my child to the centre in the event of any sickness, infections or illness i.e. chicken pox, Rubella, Hepatitis, Mumps, Vomiting or Diarrhoea, Conjunctivitis
- I understand that the centre is not responsible for my child after hours, and while being transported to and from the centre. (except centre trips)

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Staff Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**PLEASE ADVISE US OF ANY CHANGES OF INFORMATION TO THIS ENROLLMENT**