

PHOENIX PRESCHOOL INC
ENROLMENT FORM

Child's Information

Child's Full Name:	
Home Address:	
Home Phone No.:	
Date of Birth:	Please supply a copy of birth certificate
Ethnic Origin:	Iwi:

Mother's/Guardian Information

Mother's Name:	
Home Address:	
Home Phone No.:	Email Address:
Place of Work:	
Work Phone No.:	Mobile No.:

Father's/Guardian Information

Father's Name:	
Home Address:	
Home Phone No.:	Email Address:
Place of Work:	
Work Phone No.:	Mobile No.:

Name two people we can contact in the event of an emergency and we are unable to contact you.

Name of Person:	Name of Person:
Relationship:	Relationship:
Home No.:	Home No.:
Mobile No:	Mobile No.:

Persons who can pick up your child:

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Persons **legally prohibited** to pick up your child. A copy of court order is required.

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Custodial Statement: Are there any custodial arrangements concerning your child?

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ENROLMENT DETAILS

Date of enrolment: __/__/__

Date of entry: __/__/__

Casual/Permanent Bookings (Please delete one)

Date of exit: __/__/__

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday
Times Enrolled					

Parent signature: _____

Date: __/__/__

Change of Days/times of enrolment:

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday
Times Enrolled					

Parent signature: _____

Date: __/__/__

Change of Days/times of enrolment:

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday
Times Enrolled					

Parent signature: _____

Date: __/__/__

Change of Days/times of enrolment:

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday
Times Enrolled					

Parent signature: _____

Date: __/__/__

Change of Days/times of enrolment:

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday
Times Enrolled					

Parent signature: _____

Date: __/__/__

I hereby declare that my child is not enrolled in another Early Childhood institution at the same times that he/she is enrolled at Phoenix Preschool.

Parent signature: _____

Date: __/__/__

Free Early Childhood Education Details:

Is your child receiving Free Early Childhood Education for up to 6 hours per day, 20 hours per week at this service? Yes ____ No ____

If yes, have you completed an attestation form and attached it to this enrolment form? Yes ____ No ____

I have agreed to pay the following Optional Charges: eg swimming lessons, trip costs.

Parent signature: _____ Date: __/__/__

HEALTH

Family Doctor

Doctor's Name:
Medical Centre Name:
Address:
Phone No:

Please tick the immunisations your child has completed. Please bring in your child's immunisation certificate for verification.

6 weeks	3 months	5 months	15 months	4 years	Meng B Number

Does your child have a special requirement, including illness, allergies, medication or identified learning difficulty?	
Please list all you child's food allergies:	
Has your child any other condition that could require special medical attention?	

Please sign if you agree to the following:

Parent Signature

Permission for the application of First Aid Treatment if required Eg zinc and castor oil ointment, powder arnica	
Permission for your child to be observed a. For programme planning purposes	
b. By students as part of their studies	
Permission for photos to be taken of your child a. for use at preschool	
b. for publication eg newsletters, website, promotion for preschool, guardian, college magazine.	

Permission for walks/excursions

I accept that the staff ratio for excursions around the College grounds is 1-5 and other excursions are 1-4. I give permission for my child/children to participate.

Signed _____

I have read and understand the Sleeproom policy (included in the enrolment pack).

Signed _____

Payment of Fees - Fee Schedule

Accounts will be given out weekly on a Tuesday and need to be paid during the week they are received.

Full name of person responsible for payment of fees _____

Date of birth of above person __/__/__

Please read the Fee Schedule included in enrolment pack and located in the Centre. I agree to pay the fees as per the Fee Schedule and to accept responsibility for any and all legal costs incurred in the process of collection of unpaid fees.

Signed: _____ Date __/__/__

I understand that the personal information, which I have provided to Preschool, will be used in an appropriate and confidential manner in accordance with the Privacy Act.

I acknowledge that although all proper care will be exercised at all times, my child enters Phoenix Preschool at my own risk and Phoenix Preschool Inc cannot accept responsibility for misadventures at preschool.

I declare that all the above information is true and correct

Signed: _____ Date: __/__/__
