

# Enrolment Application Form

## Child Details:

Child's first names:	Surname:
Name your child is known by:	Child's date of birth:
Ethnicity:	Birth certificate sighted <input type="checkbox"/>
Home language:	
Tribe/Hapu/Iwi: (if Maori)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Child's home address or addresses:	
	Post Code:
Church Affiliation (if any):	Place in family: _____ of _____

## Parent / Guardian Details:

Mother CG1: Surname:	
First Name:	
Address:	
	Post Code:
Phone (Home):	Email:
Phone (Work):	Occupation:
Phone (Mobile):	
Father CG2: Surname:	
First Name:	
Address:	
	Post Code:
Phone (Home):	Email:
Phone (Work):	Occupation:
Phone (Mobile):	

## Emergency Contacts:

Name:	Name:
Relationship to child:	Relationship to child:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):

**Privacy Statement:** All personal information on your child will be kept securely and remain confidential. Any changes to this form **must** be signed and dated by the parent/guardian.



### ◆ Term Breaks / Statutory Holidays

This enrolment agreement is exclusive of school term breaks and statutory holidays. The Centre adheres to State School holidays and Public Holidays as advertised in Newsletters and on Notice Boards.

### ◆ 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 *Covenant Kids Preschool*:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Custodial Statement

Are there any custodial arrangements concerning your child? Yes  No

If **YES**, please give details of any custodial arrangements or court orders (a copy of any court order is required)

#### Person/s who cannot pick up your child:

Name:

Name:

Name:

Name:

#### Other persons authorised to pick up your child:

First Names:

First Names:

Surname:

Surname:

Address:

Address:

Phone (Home):

Phone (Home):

Phone (Work):

Phone (Work):

Relationship to child:

Relationship to child:

### Excursions

- Permission for the child to take part in regular excursions
  - Minimum Ratios:* 1 adult to 6 children
  - In vehicles:* 1 adult up to 3 children or 2 adults 3 to 10 children (e.g. in minivan)
  - In or on water:* 1 adult to 2 children

### Permissions

- Trips with permission       Walks       Publicity (eg: brochures/website)
- Display of work       Photography (portfolios, records and Centre displays)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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Health	
Does your child have any illnesses/allergies?:	
Is your child up-to-date with immunisations?	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verifications of all immunisations)	<input type="checkbox"/> Immunisation certificate sighted
<b>(Office use only):</b> Immunisations record sighted and details recorded:	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
Medicine	
<b>Category (i) Medicines:</b> A category (i) medicine is a non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite treatment) that is not ingested, used for the 'first aid' treatment of minor injuries and provided by the service and kept in the first aid cabinet.	
Do you approve category (i) medicines to be used on your child?	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
Name/s of specific category (i) medicines and treatment that may be used on my child, <b>provided by service:</b>	
<ul style="list-style-type: none"> <li>▪ Basic First Aid</li> <li>▪ Pamol/Panadol</li> </ul>	<ul style="list-style-type: none"> <li>▪ Preparation creams</li> <li>▪ Antiseptic liquids</li> </ul>
Parent/Guardian Signature: _____ Date: ____/____/____	
Category (iii) Medicines	
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:	Tick One 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, or both)	
Parent/Guardian Signature: _____	Date: ____/____/____
◆ Parent Declaration	
I declare that all the above information is true and correct to the best of my knowledge	
Parent/Guardian Signature: _____ Date: ____/____/____	

◆ Service Declaration (for office use only)	
On behalf of <i>Covenant Kids Preschool</i> I declare that this form has been checked and all relevant sections have been completed.	
Service Provider Signature: _____	Date: ____/____/____

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