

Enrolment Application Form

PO Box 75-452, Manurewa

Child Details:					
Child's first names:		Surname:			
Name your child is known by:		Child's date of birth:			
Ethnicity:		Birth certificate sighted			
Home language:					
Tribe/Hapu/Iwi: (if Maori)		Male Female			
Child's home address or addresses:		<u> </u>			
		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):	Occup	pation:			
Phone (Mobile):					
Father CG2: Surname:					
First Name:					
Address:					
		Post Code:			
Phone (Home):	Email:	:			
Phone (Work):	Occup	pation:			
Phone (Mobile):					
Emergency Contacts:					
Name:	Name	e:			
Relationship to child:	Relation	onship to child:			
Address:	Addre	ess:			
Post Code:		Post Code:			
Phone (Home):	Phone	e (Home):			
Phone (Work):	Phone	e (Work):			
Phone (Mobile):	Phone	e (Mobile):			

Doctor:						
Name:		Address:				
Medical Centre:			Phone:			
A = 1 						
♦ Enrolment Details	(This section	on is for off	ice use only	') :		
Date of Enrolment:/_						
Please Note: 20 Hours EC compulsory fees when a ch There is a minimum require	hild is receiving	g 20 Hours EC	CE funding.	ours per weel	k and there m	nust be no
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total hours:
For 20 Hours ECE fill out	boxes below	with the hou	ırs attested e.g.	. 6 hours		
20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total hours:
Parent/Guardian Signature):			Date:/	/	
♦ 20 Hours ECE Atte	station:					
1. Would you like to receive 20 Hours ECE for up to six hours per day, up to 20 hours per week at this service?						t this service?
				Tick One	Yes	No
Is your child receiving 2	20 Hours ECE	at any other s	services?	Tick One	Yes	No No
·		•			. 00	
If yes to either or both of th	ie above, pieas	se sign to con	firm that:			
 Your child does not receive more than 20 hours of free 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 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 Signa	ature:		Da	ate:/		
♦ Optional Charges:	There are r	no optional	charges.			

♦ 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 <i>Covenant Kids Preschool</i> :				
Parent/Guardian Signature: / Date: //				
Cueta dial Statement				
I hereby declare that my child is not enrolled at another early childhood institution at the same times that he/she is enrolled at <i>Covenant Kids Preschool</i> :				

Custodial Statement				
Are there any custodial arrangements concerning your child? Yes \(\Boxed{\omega} \) No \(\Boxed{\omega}				
If YES, please give details of any custodial arrangement	ts 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 ☐ Display of work ☐ Photography (port	Publicity (eg: brochures/website) folios, records and Centre displays)			
Parent/Guardian Signature:	/ Date://			

Health					
Does your child have any illnesses/allergies?:					
Is your child up-to-date with immunisations?		Tick One	Yes	No	
(Please provide verifications of all immunisations)		☐ Immunisation certificate sighted			
(Office use only): Immunisations record sighted and do	etails recorded:	Tick One	Yes	No	
Medicine					
Category (i) Medicines: A category (i) medicine is a not antiseptic liquid, insect bite treatment) that is not ingestory provided by the service and kept in the first aid cabinet.	ed, used for the 'first				and
Do you approve category (i) medicines to be used on you	our child?	Tick One	Yes	No	
Name/s of specific category (i) medicines and treatmen	t that may be used o	n my child	, provide	ed by service	e :
Basic First Aid	 Preparatio 	n creams			
Pamol/Panadol	Antiseptic liquids				
Parent/Guardian Signature:	Date:	/	/		
Category (iii) Medicines					
To be filled in if your child requires medication as part o condition such as asthma or eczema etc and is for the u			example f	for an on-goi	ng
Individual health plan completed and signed:		Tick One	Yes	No	
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 corre	ct to the best of my l	knowledge			
Parent/Guardian Signature:	Date: _	/	/		
♦ Service Declaration (for office use only)					
On behalf of Covenant Kids Preschool I declare that this been completed.	s form has been che	cked and a	all relevar	nt sections h	ave
Service Provider Signature:	Date: _	/	/		