



Child's First Names: _____ Surname: _____

Name child is known as: _____ Ethnic origin: _____
(If parents are of different cultures please identify).

Iwi: _____
(If the child identifies as Maori, please enter the name(s) of his/her iwi. You may enter more than one iwi. If you do not know the iwi please enter "Don't Know").

Date of Birth: ___/___/___ Sex (Please Circle): Male Female

Does your child understand English? (Please Circle) Yes No

No. of children in family: _____ Child's place in family: _____

Mother's First names: _____ Surname: _____ Address: _____	Father's First names: _____ Surname: _____ Address: _____
Phone - home: _____ work: _____ mobile: _____ Occupation: _____	Phone - home: _____ work: _____ mobile: _____ Occupation: _____

Email: _____

Duel Enrolment Declaration: I hereby declare that my child is not enrolled in another Early Childhood Institution at the same times that he /she is enrolled at "The Rose Centre Community Pre-School".

Parent Signature: _____

PREFERRED SESSIONS

9am - 12.00noon					
Circle sessions:	MON	TUE	WED	THU	FRI

8.30am - 1.00pm					
Circle sessions:	MON	TUE	WED	THU	FRI

CASUAL ATTENDANCE

I would like my child to attend on a casual basis until such time as a permanent position is available on the roll.

Yes Parent Signature: _____ (staff) Date of first Attendance ___/___/___

Staff only: Date of enrolment: ___/___/___ Date of entry : ___/___/___ Date of Exit: ___/___/___

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Parent Signature

EMERGENCY CONTACTS

Name: _____

Phone _____

Name: _____

Phone _____

COLLECTION INFORMATION

Please advise on the Sign In Sheet if any other person will be collecting your child.

Persons other than Parent/Guardian authorised to collect child:

Name: _____

Phone _____

Name: _____

Phone _____

Are there any custodial arrangements concerning your child?

Person(s) who cannot pick up your child: to child:

Name: _____ Custody order on file: YES NO

Name: _____ Custody order on file: YES NO

MEDICAL INFORMATION

Family doctor: _____

Phone: _____

Medical details: (e.g. Illness/ allergies etc)

Is your child vaccinated? YES NO Please bring your Vaccination Certificate to be sighted.

VACCINATION INFORMATION

MENINGGOCOCCAL VACINATION

	HEP.B	DTPH	POLIO	MMR	Number	Date
6 WEEKS					1 st	
3 MONTHS					2 nd	
6 MONTHS					3 rd	
15 MONTHS					4 th	
4 YEARS						

**Copy of
Vaccinati
on
Certificat
e on File**

..... **(Staff Signature)**

ANY OTHER INFORMATION / SPECIAL NEEDS

Is there anything else you would like us to know about your child?

I agree to my child being observed, photographed and evaluated by teachers, and records kept. YES NO

I agree to my child being photographed for advertising purposes Signature: _____ YES NO

I declare that all the above information is correct:

Parent Signature: _____

Date: ____/____/____

How did you hear about The Rose Centre Community Pre-School? (Please Circle)

Yellow pages	Website	Recommendation	Advertisement	Other
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IMPORTANT POINTS

1. I will not bring my child to the Pre-school in the event of sickness or any infectious illness e.g. chickenpox, rubella, hepatitis, mumps, head lice, heavy colds, conjunctivitis, school sores (impetigo) vomiting and diarrhoea.
If your child has had vomiting/diarrhoea over the past 24 hours please keep your child at Home. The Supervisor has the authority to not accept a sick child.
2. I will notify the Pre-school if anyone other than those listed is to pick up my child from the Pre-school, and I understand my child will be kept in the Pre-school until such permission is given.
3. I understand that I am required to give one weeks notice when my child leaves the Pre-school.
4. I understand the Healthy Food Policy and will not bring Peanut based foods into the Centre.
5. The Rose Centre Community Pre-School has 'Policies' available for parents to view.
6. I am aware that the Rose Centre Community Pre-school has an evacuation plan in the event of fire or Civil Defence emergency. Drills are practised every term.
7. In the event of a child needing to be absent due to illness or holidays, parents need to advise the Head Teacher/Supervisor.
8. I have viewed the sleeping facilities and read the Sleeping Policy.
9. I agree to notify the Pre-school by 8.15 am if my child is unable to attend their allocated session or leave a message on the answer phone.
10. I authorise The Rose Centre Community Pre-school staff to administer medication provided by me for my child (appropriate form to be filled in) and in the event of an accident, to seek medical advice as the Supervisor may think necessary in the child's interest.
11. I understand that I am required to sign my child IN on arrival and OUT on leaving the Centre.

When a child is enrolled at The Rose Centre Community Pre-school and has been absent for three weeks, they will automatically be removed from the roll if notification has not been received. The Head Teacher/Supervisor will make every endeavour to contact the family to establish the reason for the child's absence

ATTENDANCE POLICY: If your child is unable to attend their session it is a requirement that you contact us before 8.15am on the day booked.

The Rose Centre Community Pre-school reserves the right to Enrolment.

I declare that I have read and agree to the above:

Parent/Guardian Signature: _____

Date: ____/____/____

The Rose Centre Community Pre-school, School Rd, Belmont, North Shore
p: 445 9411 f: 445 9411 e: rosecentre@xtra.co.nz w: www.rosecentre.co.nz