



Administration Records		Enrolment Agreement Form	
<b>Child:</b>			
Child's first names:		Surname:	
Name your child is known by:			
Child's date of birth:		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Ethnic origin: <i>(If parents are of different cultures please identify).</i>			
Iwi your child belongs to:			
Child's home address or addresses:			
Postcode			
<b>Parents / Guardians:</b>			
Mothers First Names:		Fathers First Names:	
Surname:		Surname:	
Address:		Address:	
Post Code:		Post Code:	
Phone (Home):		Phone (Home):	
Phone (Work):		Phone (Work):	
Phone (Mobile):		Phone (Mobile):	
Email:		Email:	
Guardians First Names:		Guardians First Names:	
Surname:		Surname:	
Address:		Address:	
Post Code:		Post Code:	
Phone (Home):		Phone (Home):	
Phone (Work):		Phone (Work):	
Phone (Mobile):		Phone (Mobile):	
Email:		Email:	
<b>Emergency Contacts:</b>			
First Names:		First Names:	
Surname:		Surname:	
Address:		Address:	
Post Code:		Post Code:	
Phone (Home):		Phone (Home):	
Phone (Work):		Phone (Work):	
Phone (Mobile):		Phone (Mobile):	
Email:		Email:	

**Emergency Contacts continued:**

First Names:

Surname:

Address:

Post Code:

Phone (Home):

Phone (Work):

Phone (Mobile):

Email:

**Doctor:**

Name:

Phone:

Address:

**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: [insert name of service]

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

**Enrolment Details:**

**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: \_\_\_\_\_

I wish my child to be booked in for the following days and hours:-

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Hours requested
Any Day / Days						

**Hours of Operation 8.30am –1.00pm.** 9am-12noon (under 2s may only be enrolled for 3 hour session)

9-00am 1.00pm – 8.30am-1.00pm

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

**Staff only:** Date of Enrolment: \_\_\_/\_\_\_/\_\_\_ Date of Entry : \_\_\_/\_\_\_/\_\_\_ Date of Exit: \_\_\_/\_\_\_/\_\_\_

**Days/times of Enrolment: Staff Only**

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Hours
Times Enrolled						

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

**Change of Days/times of Enrolment:**

Days Enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Hours
Times Enrolled						

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

**Staff only:** Date of Enrolment: \_\_\_/\_\_\_/\_\_\_ Date of Entry : \_\_\_/\_\_\_/\_\_\_ Date of Exit: \_\_\_/\_\_\_/\_\_\_

**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.

## Custodial Statement

Are there any custodial arrangements concerning your child?

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:

### Person/s who can pick up your child:

First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):

### Person/s who can pick up your child continued:

First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):

## Health

Does your child have any illness/allergies?

Is your child up-to-date with immunisations? *Tick One* Yes  No

(Please provide verifications of all immunisations)

Immunisations record sighted and details recorded: *Staff Only* *Tick One* Yes  No

## Medicine

**Category (i) Medicines** A category (i) medicine is a non-prescription preparation that is not ingested, used for the 'first aid' treatment of minor injuries and provided by The Rose Centre Community Pre-school and kept in the first aid cabinet.

Do you approve category (i) medicines to be used on your child? *Tick One* Yes  No

The following category (i) medicines are provided by, **provided by service:** Arnica Cream, Calendular Cream, Sting goes

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

No

Name of medicine:

Method and dose of medicine:

When does the medicine need to be taken: (State time or specific symptoms)

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

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Required Information for Licensing Purposes**

- Excursions: Please read our Outings & Excursion Policy.
- I give permission (under the conditions stated in the Outings & Excursion Policy) for my child to take part in regular excursions within The Rose Centre and Belmont Primary School grounds.  
Parent/Guardian Signature: \_\_\_\_\_ Tick One Yes No
- Photo/video: I give permission for my child to be photographed for the purposes of assessment, planning and evaluation. These photographs will only be used in your child's Portfolio and wall displays. They will not be used for advertising purposes or released to any unauthorised member of the public. All other use will require parental permission.  
Parent/Guardian Signature: \_\_\_\_\_

**Other information**

- **Policy Statement:** The Rose Centre Community Pre-school has a number of policies that set out the procedures that are in place for the care and education of the children who attend. We strongly urge you to read these. The signing of this enrolment agreement form indicates that you will abide by the policies of this service, and understand how you can have input to policy review.
- **Parent Information:** Please ensure you have read the Information Sheet as it covers such things as fee/donation details, subsidies that are available to you and ways in which we can help you and your child settle into the service.
- **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences
- **Transitional School Visits:** Transition arrangements can be made when your child is approaching 5 years of age.

**ANY OTHER INFORMATION / SPECIAL NEEDS** Is there anything else you would like us to know about your child?

**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**

On behalf of The Rose Centre Community Pre-school, I declare that this form has been checked and all relevant sections have been completed.

Service Provider 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:

- 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 48 hours please keep your child at home. (The Ministry of Education requires the Centre to implement the exclusion of children with infectious illnesses. (Ref: HS26) We reserve the right to request a medical certificate from a health professional before allowing a child to return from illness).***
- 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.
- I understand that I am required to give one week's notice of any change to my child's permanent hours of attendance and when my child leaves the Pre-school.
- I understand the Healthy Food Policy and will not bring nut based foods into the Centre.
- 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 over one week, every term.
- I have viewed the sleeping facilities and read the Sleeping Policy. (Under 2 year olds)
- I understand that I am required to sign my child IN on arrival and OUT on leaving the Centre.
- Parents are requested to bring their child to the Centre on time and attend the hours booked as closely as possible. A regular pattern of late arrival or early leaving will affect our MOE funding after 21 days of consistent change to attendance.
- Where a child is going to be absent on holiday Parents/Caregiver are required to provide written notice of the length of time the child will be absent. If a child is absent for more than a three week period, he/she will be removed from the permanent roll (Ministry of Education 'Funding Rules' will be applied). Please ask the Head Teacher/Supervisor for further information.
- The Rose Centre Community Pre-school reserves the right to Enrolment. (See Enrolment Policy).

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

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **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, School Rd, Belmont, North Shore**

**p: 445 9411 f: 445 9411 e: [rosecentre@xtra.co.nz](mailto:rosecentre@xtra.co.nz) w: [www.rosecentre.co.nz](http://www.rosecentre.co.nz)**

<b>Change of Days/Times of Enrolment:</b>						
<b>Effective Date of Change:</b> ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
<b>For 20 Hours ECE fill out boxes below</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

<b>Change of Days/Times of Enrolment:</b>						
<b>Effective Date of Change:</b> ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
<b>For 20 Hours ECE fill out boxes below</b>						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

