

Child:

Child's first names: _____
 Name your child is known by: _____
 Ethnic origin: _____
 Iwi your child belongs to: _____
 Languages spoken at home: _____

Surname: _____
 Child's Date of Birth: ____/____/____ Male Female
 E-mail (for invoice): _____
 Address: _____
 _____ post code: _____

Copy of official identity verification collected by staff (office use only):

NZ birth certificate NZ passport Foreign birth certificate Foreign passport Other _____

Parents/ Guardians:

First Name: _____
 Surname: _____
 Address: _____
 _____ post code: _____
 Phone: (home): _____
 Phone: (work): _____
 Phone: (mobile): _____
 Email: _____

First Name: _____
 Surname: _____
 Address: _____
 _____ post code: _____
 Phone: (home): _____
 Phone: (work): _____
 Phone: (mobile): _____
 Email: _____

All parents are entitled to receive information about their child(ren). If one of the child's parents is not living with the child and would like to receive information please circle **YES** and supply name and address.

Names of people who may collect the child:

Name _____ Phone _____ Cell ph: _____
 Name _____ Phone _____ Cell ph: _____

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)

Name and Telephone number of a person who can be contacted in an **EMERGENCY**, when you are not available

Name: _____ Phone: _____
 Name: _____ Phone: _____
 Doctor: _____ Medical Centre Phone: _____

Names of people who **cannot** pick up your child:

Name: _____

*** Please ensure that you notify us of any changes of address or contact numbers ***

Enrolment Details:

Date of enrolment: ____/____/____ Date of Entry: ____/____/____ Date of Exit: ____/____/____

Please note: At our centre we offer 20 Hours ECE to every children over 3. This is for up to **six hours per day**, up to **20 hours per week**. There must be no compulsory fees when a child is receiving 20 Hours ECE funding.

Days enrolled	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours
Times enrolled						

For 20 hours ECE fill out boxes below with the hours attested

20 ECE at this service						Total Hours:
20 ECE at another service						Total Hours:

Parent/Guardian signature: _____ Date: ____/____/____

20 Hours ECE Attestation:

1. Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at City Heights? (tick one) Yes No

2. Is your child receiving 20 Hours ECE at any other services? (tick one) Yes No

If yes to either or both of the above, please sign to confirm that:

- Your child does not receive more than 20 hours of 20 Hours ECE per week across all services.
- You authorise the Ministry of Education to make enquiries regarding the information provided in this 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 you 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.

Signed _____ Date: ____/____/____

Special needs of the child including health or behavioural problems**Other educational, health or social agencies providing a service to your child:****Category 1 Medicines**

A category 1 medicine is a non-prescription preparation such as arnica cream, antiseptic liquid, insect bite treatment that is not ingested, but used for the first aid treatment of minor injuries and provided by the service and in the first aid cabinet.

Do you approve category 1 medicines to be used on your child (tick one) Yes No

Name/s of specific category 1 medicines that can be used on my child

Arnica Insect Bite Treatment Antiseptic Sunscreen/Head lice Treatment

Enrolment Contract: *I have read and understood the following:*

1. In the event of accident or illness I authorise the staff to seek any medical assistance that my child may require and I agree to meet any expense incurred.
2. I am willing for my child to participate in the programme of the centre and consent to my child taking part in field trips or excursions under proper supervision. Without limiting the interpretation of this in any way I expressly agree to my child travelling in any public or private motor vehicle. I note staff ratios outside the centre are 1:4 and within the centre between licences u2s 1:5, o2s 2:20
3. I will notify the centre if my child will be absent or if I require a change in hours and this will be signed and dated by the parent.
4. My child has no special needs, health or behavioural problems which are not disclosed.
5. I wish to enrol my child(ren) and agree that I will pay fees while any of them are enrolled, as provided in the Fees Schedule or as varied from time to time in writing. I will give two weeks written notice of termination of enrolment before withdrawing any child from the centre. I agree to observe the rules of the Centre as set out in the Prospectus and Fees Schedule and as notified to me from time to time.
6. I consent to my child's picture and name appearing in media, publications and publicity.
7. I agree to pay City Heights any Court and collection costs incurred on overdue accounts and to pay interest on accounts that are in arrears.
8. I agree that any information in this application may be used by and disclosed to third parties by the centre if required for the wellbeing of my child, by the Ministry of Education or any person or body required to supervise or report on children and childcare centres pursuant to any statutes, regulations or other government requirements or to enforce any obligation agreed to in this application. I understand that I may inspect any information held on my or my child's behalf and correct any errors in it.
9. **Optional Charges:** Please refer to Optional Charges Agreement provided with this form.
10. **Statutory Holidays/ term breaks:** This Enrolment agreement is inclusive of school term breaks. The Centre will be closed on statutory holidays.
11. If the centre is closed because of snow, fees are charged because staff are paid on snow days
12. **Privacy Statement** All personal information on your child will be kept securely and will remain confidential.
13. I agree to my child(ren)) being part of the studies of students on placement at the centre.
14. I have read and understand the centre policies and agree with them.
15. I have been informed and understand that my child may be booked in different licences depending on my booking hours. Refer to management for any clarification in this regards.
16. **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 City Heights.
17. Enrolment is subject to a satisfactory credit check.
18. I declare that all the above information is correct.

Parent Declaration. Parent / Guardian Signature: _____ Date: ____/____/____

Service declaration. Staff signature: _____ Date: ____/____/____

How did you find out about City Heights? (Please circle)

Yellow Pages Google Website Newspaper Supermarket Family /Friends Other:

Why did you choose City Heights? Please answer below
