



## PLAYHOUSE Early Learning Centre

38 La Rosa Street, Green Bay, Auckland, Ph/Fax: (09) 827 7833

### Enrolment Form

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Child's Ethnicity (required by Ministry of Education): \_\_\_\_\_

Language spoken by your child: \_\_\_\_\_

If Maori, which Iwi do you identify with (required by Ministry of Education): \_\_\_\_\_

#### Name of enrolling parent/caregiver:

#### Name of other parent/caregiver:

NAME:		NAME:	
OCCUPATION:		OCCUPATION:	
Phone:	home	Phone:	home
	work		work
	mobile		mobile
	Email		Email
Address:		Address:	

Persons (other than parents/caregivers) authorized to collect the child from the centre:

\_\_\_\_\_

Emergency contacts if neither parent/caregiver can be contacted:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Custody arrangements (if any): \_\_\_\_\_

Have you got alternative childcare arrangements in place for your child at times of illness?  Yes  No

Are you familiar with the centre's Health and Exclusion Policy?  Yes  No

# ...Enrolment Form...

Has your child been immunised?  Yes (please provide Immunisation Certificate)  No

Has your child any health problems or allergies? **yes / no**

If yes please provide details: \_\_\_\_\_

Is there any other information we should know about your child? \_\_\_\_\_

**Child's doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### Childcare is needed for:

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
<b>Times:</b>					

First day of attendance: \_\_\_\_\_ Last day of attendance (if known): \_\_\_\_\_

- I agree to pay my child's **weekly** fee in advance, by every Friday for the following week.
- I wish to pay **monthly** in advance.
- I confirm that my child is not enrolled at another Early Childcare centre for the same hours and days.
- I authorize the centre's supervisor to seek medical help for my child in case of emergency.
- I give permission for my child to go on walks to the local park or neighbourhood with centre staff.
- I will give 2 weeks notice prior to any permanent change in attendance or removal of my child from the centre.

*I hereby understand that I will not bring my child to the centre when they are suffering from any condition that is capable of being transmitted to another child.*

*I understand that I must hand all medication to staff on admission and sign the medication book.*

*The management of Playhouse Early Learning Centre undertakes to collect, use and store the information you provide on this form according to the principles of the Privacy Act 1993. The information will be used to prepare rolls and records required by the Ministry of Education, Department of Work and Income for administrative purposes. Confidentiality will be maintained.*

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Child's name: \_\_\_\_\_ Date of  
birth: \_\_\_\_\_

Place in the family:  of

Have you got a family pet: \_\_\_\_\_

Child's interest: *song*: \_\_\_\_\_

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

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

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

Other cultural celebrations? \_\_\_\_\_

Allergies/food preferences: \_\_\_\_\_

Any fears your child may have? (e.g. dogs) \_\_\_\_\_

Are there any areas of you child's development that you would like support? (e.g. toilet training):

\_\_\_\_\_

Are there any areas of you child's development that we need to be aware of? (e.g. biting):

\_\_\_\_\_

\_\_\_\_\_