

Cambridge Early Learning Centre

The Castle



The Pagoda



Enrolment & Contract

Personal Details:

Child's Official Name: _____ M / F

Child's Preferred Name: _____

Date of Birth: _____

The Ministry of Education require us to keep a copy of your child's birth certificate or passport on record. **Copy of Birth Certificate or Passport attached** Y / N

Child's Ethnic Origin/s

Language/s spoken at home

If NZ Maori your Iwi Affiliation (for Government Audit Purposes only):

Child's Primary Residential Address: _____

_____ Postcode: _____

PRIVACY STATEMENT:

We are collecting personal information on this enrolment form for the purposes of providing early childhood education for your child.

We will use and disclose your child's information only in accordance with the Privacy Act 1993. Under that Act you have the right to access and request correction of any personal information we hold about you or your child.

Details about your child's identity will be shared with the Ministry of Education so that it can allocate a national student number (NSN) for your child. This unique identifier will be used for research, statistics, funding, and the measurement of educational outcomes.

You can find out more information about NSN at www.minedu.govt.nz/parents

Mother's Name: Mrs/Miss/Ms _____

Mother's Address: _____ Phone: _____

Mobile: _____

Mother's Work: _____ Phone: _____

E-mail address: _____

Father's Name: _____

Father's Address: _____ Phone: _____

Mobile: _____

Father's Work: _____ Phone: _____

Other Contact Person: _____ Phone: _____

Other Contact Person Address: _____

In Emergency first contact: _____ Phone: _____

Collectors Name and Relationship to your child/ren:

I will notify the Centre if anyone other than those listed is to collect my child from the Centre and I understand my child must be kept in the Centre until such permission is given.

Signed: _____ Date: _____

Custodial Statement:

Are there any custodial arrangements concerning your child/ren? Y / N

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/ren:

Medical and Health Information:

Family Doctor: _____ Phone: _____

Details of any health problems/ allergies:

The following are the topical creams and lotions that are used in the Centre. Please tick for those approved to be administered.

Sunblock
 Bug Balm

Arnica
 Zinc & Castor Oil Nappy Cream

Signed: _____

In cases of injury, should we not be able to contact you immediately, do you give us permission to take your child to the Doctor and take the course of action prescribed by the Doctor? (e.g. urgent medical intervention)

Yes / No

Signed: _____

I will not bring my child to the Centre in the event of sickness, fever or any infectious illness e.g. chicken pox or conjunctivitis. Diarrhoea and/or vomiting must have ceased for at least 24 hours before children return to the centre.

Signed: _____

I will not bring my child to the Centre until 24 hours after antibiotic treatment has commenced, if these have been prescribed.

Signed: _____

I have had the Centre procedure for administering medicines explained.

Signed: _____

Immunisation Register:

Please present your child's immunisation certificate, which is normally recorded in your child's plunket book, so we can photocopy it and hold records of immunisation information as per the Health (Immunisation) Regulations 1995:

The Centre encourages child immunisation but does NOT require immunisation *as a* condition of entry to the Centre.

Copy of Immunisation Certificate

Attached

Y / N

Other Information:

I give permission for my child to leave the Centre in the company of staff for short walking excursions to shops, library etc. as per the Centre Trip Policy. The adult child ratio for these short excursions is no less than 1:4.

Signed and approved: _____ Date: _____

I have had explained to me the Centre policy on the monitoring of sleeping children and agree with the procedure (this can be found displayed on all sleep room doors in the centre).

Signed: _____

I have had explained to me the Centre policy on the children's use of ICT while in the centre and agree with the procedure. ('Centre ICT' refers to the centre's computer network, Internet access facilities, computers, and other centre ICT equipment/devices).

Signed: _____

I give permission for my child to be photographed at play to achieve Centre programme objectives. The centre will contact me to gain permission for any photographs to be used outside of the Centre.

Yes / No

Signed: _____

I give permission for teachers to undertake written observations of my child at play in order to satisfy assessment objectives. I understand that this written work is confidential to the centre teachers and family members.

Yes / No

Signed: _____

I give permission for vision and hearing checks to be undertaken at the Centre when District Health Board professionals visit the Centre.

Yes / No

Signed: _____

Booking Times Required:

Monday _____ Tuesday _____

Wednesday _____ Thursday _____

Friday _____ Casual / Permanent (please circle)

Enrolment Date: _____

Commencement Date: _____

Leave or transfer date: _____

Work and Income Childcare Subsidy applied for: Yes / No

Date of Application: _____

I have read and understand the following points:

- I agree to pay the required retainer as per the Centre Retainer Policy when my child is absent, and have read and understand the Late Fee Policy.
- I understand that the Centre may close at the earlier time of 3pm on Christmas Eve, and is closed between Christmas and New Year.
- I agree to give 10 days (2 weeks) notice before withdrawing my child from the Centre.
- I agree to pay 2% interest per month on fees overdue one month or more and agree to pay any costs incurred by the Centre in the recovery of my overdue fees.
- My child is not enrolled at another early childhood institution for the same hours of attendance that he/she is enrolled at Cambridge Early Learning Centre.

I declare that all the information contained in this enrolment form is true and correct to the best of my knowledge.

Signed Parent / Guardian: _____

Date: _____

On behalf of Cambridge Early Learning Centre, I declare that this form has been checked and all relevant sections have been completed.

Signature of Enrolling staff member: _____

Date: _____

Civil Defence Emergency Information:



The Centre has an emergency plan for evacuation should a civil defence emergency occur. An important part of the plan is the policy of not releasing children after an emergency to anyone other than those persons nominated by the parents. It is also important that we have emergency contact, medical, dietary and other information on hand in our emergency kit (as distinct from the enrolment information kept elsewhere in the building.)

Please complete the information below

Child's Name _____

Parent/s Name _____

Home address _____

Phone _____

(Please also include any mobile numbers)

Work Address/es _____

Work Phone _____

Please give at least two names and details of those authorised to collect you child in an emergency. These people should be able to get to the Centre reasonably easily in an emergency.

| Name and Relationship | Address | Phone |
|-----------------------|---------|-------|
|-----------------------|---------|-------|

1.

2.

Does your child have any medical conditions or dietary requirements we should know about in case of an emergency (asthma, diabetes, food allergy) YES / NO

(Please circle your answer)

If YES please give details of the condition below including any special procedures, names of medicines and dosages required.

Signed:

Date: