

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 <input type="checkbox"/> Female <input type="checkbox"/> E-mail (for invoice): _____ Address: _____ _____ post code: _____

Parents/ Guardians:	
First Names: _____ Surname: _____ Address: _____ _____ post code: _____ Phone: (home): _____ Phone: (work): _____ Phone: (mobile): _____	First Names: _____ Surname: _____ Address: _____ _____ post code: _____ Phone: (home): _____ Phone: (work): _____ Phone: (mobile): _____

*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*

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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)

Names of people who may **NOT** collect the child:
 Name: _____

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

Name: _____	Phone: _____
Name: _____	Phone: _____
Doctor: _____	Phone: _____

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

Programme choices: To fit children into available places, we recommend 'Time in Both' for children who attend more than 6 hours per day. Please fill out the table below in consultation with management.

Montessori Yes No
 Childcare Yes No
 Time in Both Yes No

Enrolment Details:

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

Please note: 20 Hours ECE is for up to **six hours per day**, up to **20 hours per week** and there must be no compulsory fees when a child is receiving 20 Hours ECE funding.

	Childcare (under 2)			Montessori 1 (under 3)			Montessori 2 (over 3)		
	From	To	20 Hours ECE	From	To	20 Hours ECE	From	To	20 Hours ECE
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									

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 Headlice 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 from time to time.
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 well being 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
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. **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.
16. Enrolment is subject to a satisfactory credit check.
17. I declare that all the above information is correct.

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

Staff /Licensee: _____ Date: ____/____/____

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

Yellow Pages Radio Website Newspaper Supermarket Family /Friends Other