

**Permissions:**

(Please initial each section to confirm)

- I agree to my child using or being involved with the use of ICT (cameras, computers etc.) as part of our learning environment
- I give permission for staff to use any still and/or moving image of my child for the purposes of assessment, planning and evaluation. For print and online advertisements, marketing, leaflets, social media any other use such as training, educational or publicity purposes
- For minor accidents/incidents centre staff may elect to use products such as hypercal cream, sting goes etc. I give permission for such products to be used on my child
- For emergencies I permit staff at the Creche to seek medical advice as per their Health and Safety Policy
- I am happy for my child to participate in other children's small birthday celebrations.

**Health Details:**

Doctor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Doctor's Clinic \_\_\_\_\_

Chronic Illness/Allergies/Conditions: \_\_\_\_\_

(Allergy form must be completed)

Implications of above: \_\_\_\_\_

Actions necessary for above: \_\_\_\_\_

Is your child up to date with immunisation? Y / N (please circle one)

**Please bring a copy of your child's immunisation record**

Northcote Point Community Creche Inc.

Ph: (09) 480 1280 Email: [northcote@xtra.co.nz](mailto:northcote@xtra.co.nz), Website: [www.northcotecreche.org.nz](http://www.northcotecreche.org.nz)

**Emergency Contact Details:**

(In the event that we are unable to contact parent(s) or person responsible for day-to-day care

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

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

Phone: \_\_\_\_\_

**Others authorised to collect my child (e.g. nanny / aupair)**

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

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

Phone: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

**Are there any custodial arrangements concerning your child?**

\_\_\_\_\_

**Person(s) who cannot pick up your child:**

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

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

**Enrolment Details:**

Days Enrolled: Mon Tue Wed Thur Fri (please circle)

Times Enrolled: AM AM/PM AM/PM AM/PM AM (please circle)

**20 Hours Early Childhood Education Details: (3 years and over)**

Is your child receiving Early Childhood education for up to 6 hours per day, 20 hours per week at this service? YES / NO

If yes, have you completed an Attestation Form and attached it to this Enrolment Form? YES / NO

# Northcote Point Community Creche Inc.

## ENROLMENT FORM



152 Queen Street, Northcote Point, Auckland, 0627  
Ph: (09) 480 1280 Email: [northcote@xtra.co.nz](mailto:northcote@xtra.co.nz)  
[www.northcotecreche.org.nz](http://www.northcotecreche.org.nz)

### Acceptance of Terms:

I have read and understand the Creche policy that:

- a copy of my child's Birth Certificate or Passport must be presented
- a copy of my child's Immunisation Records must be presented
- donations are to be prepaid for each term
- casual attendance will be paid per session
- parent help is required for a minimum of 2 days per term (or for 3, 4 or 5 days if my child attends for 3, 4 or 5 days/week)
- termly contribution to the creche of
  - 1 x box of tissues
  - 1 x packet of baby wipes
  - 1 x packet of CHUX® cleaning cloths or similar (either red, green or blue in colour).

**I declare that all the above information is true and correct to the best of my knowledge:**

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

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

### Staff Use Only:

Date of enrolment: \_\_\_/\_\_\_/\_\_\_ Date of entry: \_\_\_/\_\_\_/\_\_\_

Copy of Birth Certificate / Passport Received: Yes / No

Copy of Immunisation Record Received: Yes / No

Date of exit: \_\_\_/\_\_\_/\_\_\_ Reason: \_\_\_\_\_

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### Child's Details:

**Child's official Surname or Family Name:** \_\_\_\_\_

**Child's official given name(s)** \_\_\_\_\_

**Name your child is known by:** \_\_\_\_\_

**Ethnic Origin(s):** \_\_\_\_\_

**Iwi:** \_\_\_\_\_ **Male / Female** (please circle)

**Language(s) spoken at home:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

### Parent/Person Responsible For Day To Day Care or Custody Details:

#### Mother/Person Responsible:

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

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

**Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

#### Father/Person Responsible:

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

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

**Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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