



## ENROLMENT FORM

### Northcote Point Community Creche Inc.

#### Child Details:

Child's first names: \_\_\_\_\_

Surname: \_\_\_\_\_

Name child is known as: \_\_\_\_\_ Ethnic Origin \_\_\_\_\_

Iwi \_\_\_\_\_ Male / Female (please circle one)

Date of Birth \_\_\_\_\_

#### Parent / Guardian Contact Details:

Mother/Guardian's Name: \_\_\_\_\_

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

Home \_\_\_\_\_ Work \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_

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

Home \_\_\_\_\_ Work \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_

#### Emergency Contact Details:

Name \_\_\_\_\_

Phone \_\_\_\_\_

#### Enrolment Details:

Days Enrolled: Monday Tuesday Wednesday Thursday Friday *(please circle*

Times Enrolled: AM AM AM / PM AM AM / PM *max of 3)*

And / Or Casual Attendance *(please tick)*

#### Dual Enrolment Declaration:

I hereby declare that my child is not enrolled in another Early Childhood institution at the same times that he/she is enrolled at **Northcote Point Community Creche Inc.**

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

Is your child receiving Free 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

**Custodial Statement:**

Are there any custodial arrangements concerning your child?

\_\_\_\_\_

Person/s who can pick up your child:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Person/s who cannot pick up your child:

Name \_\_\_\_\_

Name \_\_\_\_\_

**Health Details:**

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

Illness/Allergies: \_\_\_\_\_

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

Please bring immunisation certificate in for a teacher to sight

**Staff Use Only:**

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

**Permissions:**

- § I agree to my child being observed, photographed and evaluated by centre staff, and records kept.
- § I have viewed the sleeping facilities and read the Sleeping Policy.
- § For minor accidents/incidents centre staff may elect to use products such as arnica cream, sting goes etc. I give permission for such products to be used on my child.

For emergencies I permit to staff at the Creche to seek medical advice as per their Health and Safety Policy.

**Acceptance of Terms:**

I have read and understand the Creche policy for donations and propose to donate:

Per Session            Weekly                            Per Term        (*please tick one*)

**I declare that all the above information is correct:**

**Signature** \_\_\_\_\_

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