

Cambridge Early Learning Centre

The Castle



The Pagoda



Enrolment & Contract

Personal Details:

Child's Name: _____ M / F

Date of Birth: _____

The Ministry of Education require us to keep a copy of your child's birth certificate on record.

Copy of Birth Certificate attached Y / N

Ethnic Origin (for Government Audit Purposes only):

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

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: _____

In Emergency first contact: _____ **Phone:** _____

Collectors:

- 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: _____

Medical and Health Information:

- Family Doctor: _____ Phone: _____

- Details of any health problems:

Details of any food allergies:

Details of any other health information that you would like known to the Supervisor:

- 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, fevers 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:

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

☞ 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:

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: _____

- Details of any special access or custody conditions:

- Please name persons who are not to have access to your child/children.

- I have had explained to me the Centre policy on the monitoring of sleeping children and agree with the procedure

Signed: _____

- I give permission for my child to be photographed at play to achieve Centre programme objectives. I agree that any photos may be used for display advertising both inside and outside of the Centre.

Yes / No

Signed: _____

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

Yes / No

Signed: _____

Booking Times Required:

Monday _____ Tuesday _____
Wednesday _____ Thursday _____
Friday _____ Casual / Permanent (please circle)

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.
- 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 have read and understand the Late Fee Policy.
- I agree to give 5 days notice before withdrawing my child from the Centre.
- I agree to pay 2% interest per month on fees overdue one month or more.
- I agree to pay any costs incurred by the Centre in the recovery of my overdue fees.
- My child is not enrolled at another service for the same hours of attendance.

Signed Parent / Guardian: _____

Signature of Enrolling staff member: _____

Date: _____

I first heard about Cambridge Early Learning Centre "The Castle" from:

- Yellow pages Waipa Directory Cambridge Edition Referral
 Web Site Walk/Drive by New World Notice board
 Information Centre Other.....

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/es _____

Home 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: _____