

# Premier Pre School Enrolment Form

Confidential

Phone: 04 9398247

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

Iwi \_\_\_\_\_

Date of Birth. \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Parent/Guardian First Names \_\_\_\_\_

Parent /Guardian Last Names \_\_\_\_\_

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

Phone: \_\_\_\_\_ [home] \_\_\_\_\_ [work]

\_\_\_\_\_ [mobile]

## **ENROLMENT DETAILS:**

Date of enrolment. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of entry \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of exit. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Days enrolled	Monday	Tuesday	Wednesday	Thursday	Friday
Times enrolled	8.30am_3.30pm	8.30am_3.30pm	8.30am_3.30pm	8.30am_3.30pm	8.30am_3.30pm

Parent signature. \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Signed: \_\_\_\_\_

**Custodial Statement:**

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

**I agree to my child being observed, photographed and evaluated by centre staff and records kept.**

**Signed:** \_\_\_\_\_

**I give permission for the following to be made available:**

- **Parents names/telephone numbers to other parents.**
- **Child's name/date of birth to the school your child is likely to attend.**

**[please tick if agree.]**

**Is your child up to date with immunisation?**

\_\_\_\_\_

**If so, please bring verification of this at admission time.**

**Has your child a special need or requirement ,including allergies, illness or medication; that may require extra resources/care? If so please provide details.**

**Doctor: \_\_\_\_\_ Phone no. \_\_\_\_\_**

**For minor accidents/incidents, centre staff may elect to use products such as arnica cream, vinegar, baking soda.I give permission for such products to be used on my child.**

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

**Permission to go on short local outings/ walks.**

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

**I declare that all above information is correct.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_/ \_\_\_\_/ \_\_\_\_**