



*Childsplay Unlimited*  
Childcare and Learning Centres

# ENROLMENT FORM

456 Hillsborough Rd  
Mt Roskill

Ph: 09/627-9041

Fax: 09/627-9042

Email:

[childsplaychildcare@hotmail.com](mailto:childsplaychildcare@hotmail.com)

6B Western Springs Rd  
Kingsland

Ph: 09/846-8908

Fax: 09/846-8909

Email:

[childsplaychildcare@clear.net.nz](mailto:childsplaychildcare@clear.net.nz)

[www.childsplayunlimited.co.nz](http://www.childsplayunlimited.co.nz)

**Child's Details**

First Name \_\_\_\_\_ Family Name \_\_\_\_\_ Male  Female

Address \_\_\_\_\_ Post Code \_\_\_\_\_

Birth Date \_\_\_\_\_ Ethnic Origin \_\_\_\_\_ Iwi \_\_\_\_\_

Application Date \_\_\_\_\_ Starting Date \_\_\_\_\_ Leaving Date \_\_\_\_\_

**Medical**

Family Doctor \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Allergies \_\_\_\_\_

Special Diet \_\_\_\_\_ Childhood Diseases \_\_\_\_\_

Medical Comments \_\_\_\_\_

Immunisations – *It is a requirement that we maintain an immunisation register*

Is your child immunised? Yes  No

Certificate Sited? Yes  No

Have you attached a photocopy of your child's immunisation certificate? Yes  No

**Family Details**

Mother's Name \_\_\_\_\_ Address (*If different from child*) \_\_\_\_\_

Occupation \_\_\_\_\_ Day time telephone \_\_\_\_\_

Evening telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Father's Name \_\_\_\_\_ Address (*If different from child*) \_\_\_\_\_

Occupation \_\_\_\_\_ Day time telephone \_\_\_\_\_

Evening telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ (*to receive financial and centre information*)

**Emergency Contacts (In addition to parents details)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Is there any person who is *prohibited* access to your child? Yes  Name \_\_\_\_\_ No

Custody order on file? Yes  No

**Enrolment Details:**

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total Hrs
20 hours ECE at this service						
20 hours ECE at another service						

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**20 Hours ECE Details**

Is your child receiving 20 Hours ECE for up to 6 hours per day, 20 hours per week at this service?

Yes  No

Is your child receiving 20 Hours ECE at any other services?

Yes  No

I hereby declare that my child is not enrolled at another early childhood institution at the same time that he/she is enrolled at Childsplay Unlimited:

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**I learned about Childsplay Unlimited from**

Local paper  Yellow pages  Sign  Friend  Flyer  Other  \_\_\_\_\_

## DECLARATION

Please read and agree to the following before signing the application:

1. I confirm that the child referred to in this enrolment form is not enrolled at another early childhood service for the same days and hours as they are enrolled at Childsplay Unlimited.
2. I authorise Childsplay Unlimited to administer medication given by a doctor for my child and in the event of illness or accident to seek medical advice as the Centre deems necessary for my child's best interests.
3. In signing this enrolment form, I agree to the Childsplay Unlimited policy which states that I am not to bring my child to Childsplay Unlimited when they are ill or suffering from any condition that is contagious to others. I will notify the centre if my child is not attending and inform the nature of the illness immediately.
4. I have made myself aware of, and consent to, the policies of the Centre contained in the Parent Information Folder.
5. I will keep the Centre informed as to any changes as my child develops, e.g. food, sleep routines, allergies, address and phone number.
6. In signing this enrolment form, I give permission for my child's named photo or artwork to be used for their portfolio, and other documentation, displays or in-house publications and permit their photo to be taken for these purposes.
7. Excursions out of the Centre: In signing this enrolment form, I authorise Childsplay Unlimited staff to take my child on short walks or visits to the park. These excursions would be in small groups and well supervised as set out in our travel and trip policy. In addition, any trips by vehicle would need separate written approval.
8. Fees agreement: In signing this enrolment form, I agree to pay fees on the basis of the fee schedule/policy that is current at the time and I will pay one week in advance, in accordance with the fee policy. I understand that if I fail to do this I will incur a late fee penalty of 10%. I agree to pay appropriate fees for enrolled days even if the child is unable to attend due to sickness, holidays or statutory holidays. I understand and accept that if any fee remains unpaid beyond the time specified in the fee policy, my child's enrolment may be forfeited and the debt passed on to a Debt Collection Agency. In addition, should the fee structure be changed, I agree to pay the amended fee. Should I disagree, I can withdraw my child from the centre by giving two weeks notice in writing

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

Name: \_\_\_\_\_ Relationship with child: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_