



ENROLMENT FORM

CHILD ONE FULL NAME		
Date of birth		Age
Year Level at school:		
CHILD TWO FULL NAME		
Date of birth		Age
Year Level at school:		
CHILD THREE FULL NAME		
Date of birth		Age
Year Level at school:		
CHILD FOUR FULL NAME		
Date of birth		Age
Year Level at school:		

What is your address?

Parents / Guardians: *please print clearly*

<p><u>PARENT ONE:</u></p> <p>Name:</p> <p>Contact ph 1</p> <p>Contact ph 2</p> <p><u>EMAIL:</u></p>	<p><u>PARENT TWO:</u></p> <p>Name:</p> <p>Contact ph 1</p> <p>Contact ph 2</p>
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Are there any custodial arrangements concerning your child?

If YES, please give details of any custodial arrangements or court orders (a copy of any court order is required)

Person/s who CANNOT pick up your child:

NAME/S:

Emergency Contacts (other than parent(s)):

EMERGENCY ONE name:

Name:

Address:

Contact ph 1

Contact ph 2

EMERGENCY TWO name:

Name:

Address:

Contact ph 1

Contact ph 2

Enrolment Dates:

HOLIDAY DATES (circle month)	APRIL	JULY	OCTOBER		
	Monday	Tuesday	Wednesday	Thursday	Friday
Tick days attending					

CHILD'S DOCTOR:

Name:

Phone: **DO NOT LEAVE BLANK**

Name of medical centre:

HEALTH:

Illness / allergies / behavioural information we need to know about:

Childs name:

- 1.
- 2.
- 3.
- 4.

MEDICINE REQUIRED:

Please list medicines required and instructions – you will also need to fill out our

medicine register each morning when you sign in your child/ren at the programme.

ANY OTHER INFORMATION:

Please list any other info that we need to know about:

IMPORTANT INFORMATION:

If someone other than those named on this form is going to collect your child/ren you MUST notify us in advance or we will not release your child from our care.

If you allow your child to leave the programme without an adult (walking, biking, etc) we require verification of this in writing at the time of enrolment.

I give permission for my child/ren named above to participate in the kidzLIFE programmes including offsite activities. Should emergency care be needed for my child/ren I give permission for the supervisor to seek medical treatment at my (parent/guardian) cost.

While all care is taken by Staff and Management I acknowledge, in signing this form, that neither staff nor management of the programme will be liable for any loss or damage arising out of attendance at the programme.

Te Aroha Noa collects, records, stores, and uses personal information gathered for kidzLIFE purposes in accordance with the Privacy Act 1993.

- 1. I give permission for my child to travel with staff from kidzLIFE (Te Aroha Noa employees and/or volunteers). Parents will be notified of specific trip details and updates will be made on our Facebook page regarding each trip.**
- 2. I give permission for any photographs and/or art work completed by my child/ren to be used for advertising and promotion of kidzLIFE and Te Aroha Noa Community Services.**

POLICY STATEMENT:

kidzLIFE have a number of policies that set out the procedures that are in place for the care and education of the children who attend. We strongly urge you to read these. The signing of this enrolment agreement form indicates that you will abide by the policies of this service, and understand how you can have input to policy review.

Parent Declaration:

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

Parent/Guardian Signature:

Date: ____ / ____ / ____

Service Declaration:

On behalf of kidzLIFE, TE AROHA NOA, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature:

Date: ____ / ____ / ____
