

# WHITFORD EARLY LEARNING CENTRE

## ENROLMENT / APPLICATION FORM

### TUI / FANTAIL

633 Whitford Road Ph. 530 8726 Fax 530 8558

Child's Full Name \_\_\_\_\_ Known As \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Place in Family \_\_\_\_\_ Ethnic Group \_\_\_\_\_ Iwi \_\_\_\_\_

Any special/cultural needs? \_\_\_\_\_ Language/s spoken at home \_\_\_\_\_

Account Name & Postal Address \_\_\_\_\_

Mother's Full Name (Mrs/Ms) \_\_\_\_\_ Bus. No \_\_\_\_\_ Cell Ph. \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Place of Work/Occupation \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Bus. No \_\_\_\_\_ Cell Ph. \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Place of Work/Occupation \_\_\_\_\_

Family Doctor/Location/Phone No. \_\_\_\_\_

Health (please list any illnesses/allergies/food allergies etc.) \_\_\_\_\_

Has your child ever experienced any language or speech difficulties, physical problems or other health related difficulties? \_\_\_\_\_

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Emergency Contact Person(s) \_\_\_\_\_ Phone No. \_\_\_\_\_  
(Other Than Parents) \_\_\_\_\_

People Authorised to Collect  
Your Child From the Centre \_\_\_\_\_ Phone No. \_\_\_\_\_

The following person(s) are forbidden legal access/custody of child (please provide original Court document for us to sight and photocopy).

Name(s) \_\_\_\_\_

Is your child attending any other centre? Please circle one: Yes / No  
If yes, please indicate days and times.

Days: \_\_\_\_\_ Times: \_\_\_\_\_

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

**Parents please read the following and sign**

I declare that I have read and agree to the conditions of the Whitford Early Learning Centre Prospectus.

I agree to bring my child to the centre only if he/she is well.

I will notify the centre if my child is going to be absent because of illness (or any other reason).

I give my consent for the Supervisor or staff at the centre to administer prescription only medication provided and authorised by me for my child, and in the event of any serious illness or accident to seek medical advice for my child's well being and transport by car for medical attention if necessary.

I give my consent for my child to have Arnica administered as a first aid remedy Yes / No

I give permission for my child to have his/her photo/video taken Yes / No

I give my permission for my child to go on walks, or short outings on the centre property.

I confirm my child is not enrolled at another service for the same hours of attendance recorded below.

Parent's Signature: \_\_\_\_\_

Days Required	AM		PM	
	_____ : _____	_____ : _____	_____ : _____	_____ : _____
Monday	_____ : _____	_____ : _____	_____ : _____	_____ : _____
Tuesday	_____ : _____	_____ : _____	_____ : _____	_____ : _____
Wednesday	_____ : _____	_____ : _____	_____ : _____	_____ : _____
Thursday	_____ : _____	_____ : _____	_____ : _____	_____ : _____
Friday	_____ : _____	_____ : _____	_____ : _____	_____ : _____

Preferred Start Date \_\_\_\_\_

Supervisor: Confirmed start date: \_\_\_\_\_

Parent advised date: \_\_\_\_\_

Immunisation form copied: \_\_\_\_\_

Office: Computer records processed: \_\_\_\_\_

Invoice raised: \_\_\_\_\_

Transfer to: Whitford Preschool

Whitford Private Kindergarten

Fees will be charged for days/hours as booked. No refunds will be given. Casual extensions of hours per day will be charged as per the casual hourly rate.

We are unable to provide and make up days for absences.

Overdue fees will attract a penalty of 10%.

If your child is absent for more than 3 weeks you will be charged the equivalent of the loss of bulk funding we are entitled to from the Ministry of Education.

Please provide copy of your child's immunisation certificate or advise if your child is not immunised.

Available from our Parents Library for perusal you will find our Centre Charter, Management Plans and Policy Document. Our Education Review Office Assurance Audit Reports. Education (Early Childhood Centres) Regulations.

On our Notice Boards you will find our Complaints Procedure Policy, our Centre Philosophy, our Smoking Policy, our Behaviour Management Policy, Staff Qualifications, Possible Hazards List, M.O.E. Funding and Expenditure Statement, Centre Licence, Centre Fees.

I have read the above and the statement overleaf relating to the Privacy Act.

Parent/Guardian Signature \_\_\_\_\_ Date Applied \_\_\_/\_\_\_/\_\_\_

## **PRIVACY ACT**

I knowledge that:

1. The information contained herein is collected for the purpose of administration of the Centre and maintenance of its records of past, present and future pupils and parents and guardians of pupils.
2. We are aware of our rights under the Privacy Act 1993, where information can be readily retrieved, to have access to the information and to request correction of the information and to be informed of action taken in response to any such request and/or to request that there be attached to the information a statement which we can supply to the Centre relating to the fact that we have requested a correction.
3. Any information disclosed to the Centre may be provided to education authorities under section 7 (4) of the Privacy Act 1993.
4. The centre holding the information may use that information for the purposes of any activities which that Centre is accustomed to undertake from time to time.