



Administration records – Enrolment Agreement form

KiwiLearners Early Learning Centre

Child's details		
Child's official surname or family name :		
Child's official given name or forename :		
Child's official other names or middle names : (please separate names with a comma)		
Name your child is known by/preferred name:		
Surname/family name:	Given name:	
Nationality on birth certificate/passport:		
For staff: Birth certificate and/or passport sighted and details recorded:		
<input type="checkbox"/> Birth certificate	<input type="checkbox"/> Passport	Staff initials: _____
Child's date of birth: ___ / ___ / ___	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Child's ethnic origin/s: _____ _____ _____	Language/s spoken at home: _____ _____ _____	
Child's primary residential address: _____ _____ _____		
Pincode: _____		
Privacy Statement:		
KiwiLearners Early Learning Centre is collecting personal information in this enrolment agreement for the purposes of providing early childhood care and education for your child.		
KiwiLearners Early Learning Centre will use and disclose information about your child in accordance with the 2011 Indian Privacy Law. Under that law you have the right to access and request correction of any personal information we hold about you or your child.		

Parents/Guardians	
Parent/Guardian one	Parent/Guardian two
Given names:	Given names:
Surname/family name:	Surname/family name:
Address: _____ _____ _____	Address: _____ _____ _____
Pincode:_____	Pincode:_____
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:
Preferred method of contact: (from list above)	Preferred method of contact: (from list above)

Additional person/s who can pick up your child	
Person one	Person two
Given names:	Given names:
Surname/family name:	Surname/family name:
Address: _____ _____ _____	Address: _____ _____ _____
Pincode:_____	Pincode:_____
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):

Custodial Statement

Are there any custodial arrangements concerning your child?

 Yes NoIf **YES**, please give details of any custodial arrangements or court orders (a copy of any court order is required):

Person/s who must not pick up your child

Name:

Relationship to child:

Name:

Relationship to child:

Name:

Relationship to child:

Additional Emergency Contacts (this person is also available to pick up child)**Person one****Person two**

Given names:

Given names:

Surname/family name:

Surname/family name:

Relationship to the child:

Relationship to the child:

Address:

Address:

Pincode: _____

Pincode: _____

Phone (Home):

Phone (Home):

Phone (Work):

Phone (Work):

Phone (Mobile):

Phone (Mobile):

Email:

Email:

Child's doctor

Name:

Phone:

Address of Doctor:

Health

Please list any illness, allergies and/or special medical or care requirements for this child:

Is your child up-to-date with immunisations? Yes No

Please provide verification of all immunisations to-date.

For staff: Immunisation records sighted and details recorded: Yes No

Medicine

Category (i) Medicines

A category (i) medicine is a non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite treatment) that is not ingested, is used for the 'first aid' treatment of minor injuries, may be provided by the service, and is kept in the First Aid cabinet.

Do you approve category (i) medicines to be used on your child? Yes No

Name/s of specific category (i) medicines that can be used on my child, **provided by service**:

Parent/Guardian signature: _____

Date: ____ / ____ / ____

Category (ii) Medicines

Category (ii) medicines are prescription medicines (such as antibiotics, eye/ear drops etc.) or non-prescription medications (such as paracetamol liquid, cough syrup etc.) that are administered for a specific period of time to treat a specific condition or symptom, provided by you as parent/guardian for the use of this child only.

I acknowledge, as parent/guardian of this child, that I will provide written authority at the beginning of each day that a category (ii) medicine is to be administered, for the use of this child only. Note: the Medication form will be provided by KiwiLearners staff. Please complete the medication form detailing what (name of medicine), how (method and dose), and when (time or specific symptoms/circumstances) medicine is to be given.

Parent/Guardian signature: _____

Date: ____ / ____ / ____

Category (iii) Medicines

Complete this section if your child requires medication as part of an individual health plan, for example for an on-going condition, such as asthma or eczema, and is for the use of this child only.

For staff: Individual health plan sighted and a copy taken: Yes No

Name of medicine:

Method and dose of medicine:

When does the medicine need to be taken: (State time or specific symptoms)

Parent/Guardian signature: _____

Date: ____ / ____ / ____

Enrolment Details

Date of Enrolment:

____ / ____ / ____

Date of Entry:

____ / ____ / ____

Date of Exit:

____ / ____ / ____

Programme/s enrolled in: Full day (FD) Half day (HD) Playgroup (PG)

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday
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Programme/s enrolled in: FD, HD, PG					
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Additional Permissions

Excursions:

As a part of our regular programme we take children on well supervised short walks in the neighbourhood. Please sign below giving your permission for your child to take part in these regular excursions (refer to KiwiLearners excursions policy).

Photo/video:

Photographs and video footage of your child at KiwiLearners is used to share programme events and learning with others in our community via in-centre displays and our online website. Digital images will also be shared with you for assessment purposes.

Please sign below giving your permission for your child to be photographed for the purposes of assessment, planning and evaluation.

Parent/Guardian signature: _____

Date: ____ / ____ / ____

Other information

Policy Statement:

KiwiLearners has 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 indicates that you will abide by the policies of this service, and understand how you can have input to policy review.

Child's strengths, interests and preferences:

Please tell us about your child's strengths, interests and preferences.

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 KiwiLearners Early Learning Centre I declare that this form has been checked and all relevant sections have been completed.

Service Provider signature: _____

Date: ____ / ____ / ____