

PERMISSION TO COLLECT YOUR CHILD

Please give full name(s) of person(s) authorised to collect your child/ren:

Name: Relationship to child..... Phone number.....

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Are there any persons by law that,

- Have a right of access to your child Yes No
- Are forbidden to have access to your child or have a right of access to the child that is subject to conditions (legal documentation supporting this must be provided for the Supervisor to photocopy and hold on file) Yes No

CHILD'S ETHNIC ORIGINS _____

IF MĀORI, IWI AFFILIATION (IF KNOWN) _____

PARENT / WHANAU PERMISSION / UNDERSTANDING:

I give permission for my child to:

- | | | |
|---|------------|-----------|
| • be taken for walks by teachers in groups | Yes | No |
| • be taken to an alternative emergency location ie, civil emergency | Yes | No |
| • be photographed and his/her name and age being used for the following purposes: | | |
| Publicity for the Centre | Yes | No |
| Centre programme (for display at the Centre) | Yes | No |
| Group or individual records | Yes | No |

I understand:

- | | | |
|--|------------|-----------|
| • that teachers will be responsible for my child only during licensed Centre hours | Yes | No |
| • that teachers will request written permission for motor transport excursions and comply with regulations 29a of the Traffic Regulations 1976 | Yes | No |
| • I am aware of the Pre School's Operational Manual | Yes | No |
| • I will notify the centre if my child is to be absent | Yes | No |
| • I will notify the centre if anyone other than a person listed on my enrolment form is to collect my child, | Yes | No |

DECLARATION FOR EARLY CHILDHOOD BULK FUNDING & FREE ECE:

If your child is 3 or 4 years old, will you be taking up the Free ECE offer? **Yes** **No**

If the answer is yes, you must complete an attestation form and provide us with proof of birth

I declare that my child is not enrolled at any other early childhood centre for the same hours that he/she is enrolled at Wanaka Preschool.

All costs incurred in the collection of overdue accounts will be payable by the debtor

.....
Mother / Father / Guardian

SLEEP POLICY:

I have viewed the sleeping facilities and read the sleeping policy.

MEDICAL INFORMATION

Known Allergy/ies:
Illness:
Dietary Restrictions:
Any Other Medical Considerations:

In my absence, should my child suffer any illness or injury whilst in the care of the Centre, the Licensee or his/her delegate shall be entitled to seek and provide such urgent medical, dental, hospital treatment or ambulance service or assistance from the person or body nominated hereunder as deemed necessary for my child. I agree to pay all costs associated with such treatment.

FAMILY DOCTOR

Name:
Clinic:
Phone:

IMMUNISATION DETAILS:

Certificate Sighted: Certificate Copy:
Immunisation Completed: Immunisation Incomplete:

Comments:

I understand that in the event of an outbreak of a vaccine-preventable disease at the Centre, the Management has to notify the Department of Health of any un-immunised children in the Centre and that, as my child is not immunised she/he may be excluded from attendance for such time as the Department deems necessary.

BIRTH CERTIFICATE:

Please supply a copy of your child's Birth Certificate for preschool to retain on file. This is a compulsory government requirement.

Supplied copy: Date:.....

PRIVACY ACT 1993:

The information I have supplied is confidential for use in the management and effective running of the Wanaka Pre School. I consent to the sharing of some information as required for my child's benefit to the Ministry of Education.

I undertake to inform the Management immediately, should there be any change to this information. I agree to abide by the policies of the Centre.

Child Attendance's

Monday

Mon am 8.45 - 12:00 Mon pm 12:00 - 3.15 Mon All Day 8.45am - 3.15pm

Tuesday

Tues am 8.45 - 12:00 Tues pm 12:00 - 3.15 Tues All Day 8.45am - 3.15pm

Wednesday

Wed am 8.45 - 12:00 Wed pm 12:00 - 3.15 Wed All Day 8.45am - 3.15pm

Thursday

Thurs am 8.45 - 12:00 Thurs pm 12:00 - 3.15 Thurs All Day 8.45am - 3.15pm

Friday

Fri am 8.45 - 12:00 Fri pm 12:00 - 3.15 Fri All Day 8.45am - 3.15pm

Should you have an arrangement with management for outside of these session times, please cross out and write clearly your changes, above the specified time.

PERMANENT ATTENDANCE CHANGES:

Start Date	Mon	Tues	Wed	Thurs	Fri	End Date	Signature

SCHOOL DESTINATION:

Which school is your child likely to attend?

Occasionally we are requested to complete survey's to ascertain the childcare requirements for families in our area.. It would be helpful if you could advise whether your child is:

- currently attending - Montessori Aspiring Beginnings Hawea Kindergarten Oanaka Educare

Other: _____

- on the waiting list at - Montessori Aspiring Beginnings Hawea Kindergarten Oanaka Educare

Other: _____

- with a Home Based Carer - Yes No

Please Note: This information is used for statistical purposes only. Your privacy is respected and names are never provided nor will this information affect the outcome of your application. Thankyou for your co-operation.

.....
 Mother / Father / Guardian