

# **TUATARA PRESCHOOL**

## **ENROLMENT FORM**

### **CHILD'S DETAILS**

Child's Full Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Ethnic Origin \_\_\_\_\_

### **ENROLLING PARENTS/GUARDIANS**

#### **MOTHER'S NAME**

Address \_\_\_\_\_  
Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mob) \_\_\_\_\_  
Email address \_\_\_\_\_ Occupation \_\_\_\_\_

#### **FATHER'S NAME**

Address \_\_\_\_\_  
Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (mob) \_\_\_\_\_  
Email address \_\_\_\_\_ Occupation \_\_\_\_\_

#### **SIBLINGS' NAMES AND AGES**

### **EMERGENCY CONTACT (In case we can not contact you)**

Full Name \_\_\_\_\_  
Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_ Mobile \_\_\_\_\_

### **ADULTS AUTHORISED TO COLLECT/VISIT CHILD (In addition to those listed above)**

Full Name \_\_\_\_\_  
Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Full Name \_\_\_\_\_  
Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_ Mobile \_\_\_\_\_

### **PEOPLE WHO DO NOT HAVE CUSTODY RIGHTS OR HAVE CONDITIONAL ACCESS**

(Refer to Custodial Arrangement Policy - a copy of the court order and a photo of the person is required)

Full Name \_\_\_\_\_  
Relationship to child \_\_\_\_\_

### **MEDICAL INFORMATION**

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Medical Information, eg allergies, chronic conditions (incl details, action plan)  
\_\_\_\_\_  
\_\_\_\_\_

### **IMMUNISATIONS (Please provide latest copy of immunisation certificate)**

Complete YES/NO Comments \_\_\_\_\_

**DISCLAIMER**

**INITIAL**

I attest that my child is not enrolled at another early childhood education centre for the same hours of attendance for which they are enrolled at Tuatara Preschool.

**TERMS AND CONDITIONS**

1 I am aware that a non-refundable enrolment fee is payable to secure a space on the waiting list for my child. I will be given two weeks notice that a space is available for my child. If I do not take up the space when offered my child will go back to the end of the waiting list.

2 If Tuatara Preschool is offering the 20 hours "free" ECE scheme, I agree to pay all/any optional charges in accordance with the current fee schedule.

2 I will give three weeks notice in writing, before my child leaves the centre, otherwise I will pay three weeks fees in lieu of notice.

3 If my child is absent due to sickness or holiday (incl public holidays), full fees will be payable.

4 If I am late to collect my child, I will be charged a late fee in accordance with the current fee schedule.

6 All fees are to paid weekly in advance, preferably by direct credit. If my account is in arrears, Tuatara Preschool may charge an overdue fee as specified on the current fee schedule.

7 I acknowledge that I will be held liable for any collection costs and interest on all outstanding fees.

8 I give permission for staff to seek medical help for my child if necessary. This includes an emergency and allowing regular health checks as carried out by Plunket or Public Health Nurse.

9 I give permission for my child to go on walks/excursions with staff, with a adult/child ratio of 1:4 and for my child to have their photo or video taken and displayed in the centre and on the website, and used by teachers for teaching purposes.

10 I have read and understood the terms and conditions of my child's enrolment at Tuatara Preschool.

\_\_\_\_\_  
*(Parent/caregivers signature)*

\_\_\_\_\_  
*(Parent/caregivers signature)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Parent/caregivers name)*

\_\_\_\_\_  
*(Parent/caregivers name)*

Tuatara Preschool undertake to hold this information in accordance with the Privacy Act 1993. If you wish you may inspect and correct these details. Records will be kept for seven years.

**TO HELP US:**

How did you hear about Tuatara Preschool?

Yellow Pages

Building signage

Yellow online

Local Directory

Word of mouth

Website

Other

\_\_\_\_\_

*Thanks for your help*