



# PORTOBELO AVONHEAD

**Portobelo**

## Enrolment Form – 3-5 YEAR OLDS

|                    |                     |                   |               |         |             |
|--------------------|---------------------|-------------------|---------------|---------|-------------|
| Child's First Name | Child's Middle Name | Child's Last Name | Date of Birth | Age now | Gender      |
|                    |                     |                   |               |         | Male/Female |

Child's Home Address:

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|   |   |
|---|---|
| <p>FULL name of person responsible for day-to-day care of child:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>Date of birth: _____</p> <p>Relationship to child: _____</p> <p>Contact Details – <b>please ensure you keep us informed of ALL changes</b></p> <p>Current Home Address:</p><br><br><p>Current Home Phone: _____</p> <p>Current Work Phone: _____</p> <p>Current Mobile Phone: _____</p> <p>Email Address: _____</p> <p>Occupation: _____</p> | <p>FULL name of person responsible for day-to-day care of child:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>Date of birth: _____</p> <p>Relationship to child: _____</p> <p>Contact Details – <b>please ensure you keep us informed of ALL changes</b></p> <p>Current Home Address:</p><br><br><p>Current Home Phone: _____</p> <p>Current Work Phone: _____</p> <p>Current Mobile Phone: _____</p> <p>Email Address: _____</p> <p>Occupation: _____</p> |
|---|---|

| PERSON RESPONSIBLE FOR PORTOBELO PRESCHOOL ACCOUNT |     |           |
|--|-----|-----------|
| Name   | DOB | Signature |

**Information to help us know your child better:**

Ethnic Origin: \_\_\_\_\_ Iwi: \_\_\_\_\_

What is the main language spoken at home: \_\_\_\_\_

Special Needs and Requirements (medical, cultural, religious, dietary, allergies etc)

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|                      |                   |                 |
|----------------------|-------------------|-----------------|
| Child's Doctor Name: | Doctor's Address: | Doctor's Phone: |
|----------------------|-------------------|-----------------|

Are there any custodial arrangements concerning your child?

Persons who DO NOT have legal authority to pick up your child. A copy of the Court Order is required.

Name \_\_\_\_\_

Description \_\_\_\_\_

**EMERGENCY CONTACTS**

We need emergency contact details for people who are authorised to collect your child (in addition to the Persons Responsible for day-to-day care). These people will be contacted if we have been unable to contact the Persons Responsible for day-to-day care.

|             | <b>RELATIONSHIP TO CHILD:</b> | <b>RELATIONSHIP TO CHILD:</b> | <b>RELATIONSHIP TO CHILD:</b> | <b>RELATIONSHIP TO CHILD:</b> |
|-------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| First Name  | _____                         | _____                         | _____                         | _____                         |
| Middle Name |                               |                               |                               |                               |
| Last Name   |                               |                               |                               |                               |
| Address     |                               |                               |                               |                               |
| Occupation  |                               |                               |                               |                               |
| Day Phone   |                               |                               |                               |                               |
| Cell Phone  |                               |                               |                               |                               |

**Persons other than above who HAVE authority to pick up your child**

|                             |                             |
|-----------------------------|-----------------------------|
| Name<br>_____               | Name<br>_____               |
| Relationship to child _____ | Relationship to child _____ |
| Address _____<br>_____      | Address _____<br>_____      |
| Phone Number<br>_____       | Phone Number<br>_____       |
| Name<br>_____               | Name<br>_____               |
| Relationship to child _____ | Relationship to child _____ |
| Address _____<br>_____      | Address _____<br>_____      |
| Phone Number<br>_____       | Phone Number<br>_____       |

**Sessions wanted on enrolment:**

|           | <b>MORNING<br/>8:00-12:00</b> | <b>MORNING<br/>8:30-12:30</b> | <b>AFTERNOON<br/>12:30-4:30</b> | <b>SCHOOL DAY<br/>8:30-2:30</b> | <b>SCHOOL DAY<br/>9:00-3:00</b> | <b>FULL DAY<br/>8:00-4:30</b> |
|-----------|-------------------------------|-------------------------------|---------------------------------|---------------------------------|---------------------------------|-------------------------------|
| MONDAY    |                               |                               |                                 |                                 |                                 |                               |
| TUESDAY   |                               |                               |                                 |                                 |                                 |                               |
| WEDNESDAY |                               |                               |                                 |                                 |                                 |                               |
| THURSDAY  |                               |                               |                                 |                                 |                                 |                               |
| FRIDAY    |                               |                               |                                 |                                 |                                 |                               |

The Portobelo teachers hold current First Aid Certificates. I agree to Portobelo team members seeking medical aid for my child if it is considered necessary, and will reimburse any costs incurred.

I give permission for sunscreen, Stingoes, 'Arnica' and also Betadine (topical antiseptic) to be administered to my child in cases of minor injury.

I consent to vision, hearing and tympanometry tests, or any other tests considered to be in my child's interest, and consent to the results of these tests being discussed with Portobelo team members.

Signed \_\_\_\_\_

I agree to my child being observed, photographed and evaluated by Portobelo team members and records kept. I understand my child will have a Profile Book and may appear in other children's books. I understand the value of the Profile Books and my child may choose to share their book with others, however I will respect other children's/parents privacy and not look at their books.

Signed \_\_\_\_\_

I understand that Portobelo has a philosophy and programme that supports and encourages children to actively explore Portobelo's environment and resources. Knowing this I understand and accept my child may arrive home with paint, dirt, playdough etc on their clothes. I will also ensure there is always a change of clothes in their bag. In summer I will supply a sunhat and long sleeved top. In winter a warm jacket, warm hat, and gumboots if applicable.

Signed \_\_\_\_\_

My child **may/may not** accompany Portobelo team members on "spontaneous" educational outings outside the preschool, I understand that no form of transport (private or public) will be used for these "spontaneous" outings. These outings may occur spontaneously during any booked session.

I accept all of the following ratios for these outings: YES NO (circle one)  
2-5 year olds: 1 adult to 4 children

I **do/do not** give permission for my child to be photographed/videoed for publicity and parent education purposes.

I **do/do not** give permission for my child to be included in any photos on the website.

I **have/have not** viewed the sleeping facilities and read the sleeping policy

Signed \_\_\_\_\_

I understand that other terms and conditions are stated in Portobelo's policy documents, parent handbook, notices, etc. I accept that these may be amended or changed by management, and I have the right to view these documents, or attend team meetings on the third Monday of each month.

Signed \_\_\_\_\_

I hereby declare that my child is not enrolled in another Early Childhood institution for the same hours of booked attendance at Portobelo Preschool.

Signed \_\_\_\_\_

I also understand and accept that the centre closes at 4:30pm. If I have a booking to this time I understand that I, and my children, must be outside of the gated areas by 4:30pm sharp or a late fee will be incurred.

Signed \_\_\_\_\_

**On enrolment, I agree to pay a BOND of two weeks fees. I understand that the BOND will be held by Portobelo Preschools Ltd. I understand that this BOND will only be released if Portobelo Preschool receives written notice of my child's leaving two weeks prior to my child's last day.**

Signed \_\_\_\_\_

**I understand that I am liable for full fees for the time that my child is booked to attend and I will be liable for full fees for ALL absences. If my account goes into debit I agree to be contacted by a debt collection service and that any costs incurred will be paid by me.**

Signed \_\_\_\_\_

I agree to adhere to the requirements and regulations of Portobelo Preschool. I expressly acknowledge that, although all proper care will be exercised at all times, my child enters Portobelo Preschool at my own risk.

**All information given on this form is true and correct**

Signed \_\_\_\_\_

**Team Member Signature** \_\_\_\_\_

If your child is aged 3 to 5 years on enrolment please complete this section.

**20 Hours ECE attestation:**

**(a) Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at Portobelo Preschool Avonhead?**

Yes / No (circle one)

**(b) Is your child receiving 20 Hours ECE at any other services?**

Yes / No (circle one)

If yes to (a) or (a) and (b) above, please sign below to confirm that:

- your child does not receive more than 20 hours of 20 Hours ECE per week across all services.
- you authorise the Ministry of Education to make enquiries it deems necessary regarding the information provided in the 20 Hours ECE Details Box to the extent necessary to make decisions about your child's eligibility for 20 Hours ECE.
- you consent to the early childhood service providing relevant information to the Ministry of Education, and to other early childhood education services your child is enrolled at, about the information contained in this box.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_

I have agreed to pay the following Optional Charges: **NIL**

At present, Portobelo Preschool Ltd won't be charging Optional Charges but reserves the right to review Optional Charges every six months.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_ / \_\_\_ / \_\_\_

| Days Enrolled                          | Monday | Tuesday | Wed | Thurs | Friday |              |
|--|--------|---------|-----|-------|--------|--------------|
| <b>Times Enrolled</b>                  |        |         |     |       |        | <b>Total</b> |
| <b>20 Hours ECE at this service</b>    |        |         |     |       |        |              |
| <b>20 Hours ECE at another service</b> |        |         |     |       |        |              |

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_

# OFFICE USE ONLY – PLEASE LEAVE FOR TEAM MEMBER TO COMPLETE

Attendance on enrolment:

|           | MORNING<br>8:00-12:00 | MORNING<br>8:30-12:30 | AFTERNOON<br>12:30-4:30 | SCHOOL DAY<br>8:30-2:30 | SCHOOL DAY<br>9:00-3:00 | FULL DAY<br>8:00-4:30 |
|-----------|-----------------------|-----------------------|-------------------------|-------------------------|-------------------------|-----------------------|
| MONDAY    |                       |                       |                         |                         |                         |                       |
| TUESDAY   |                       |                       |                         |                         |                         |                       |
| WEDNESDAY |                       |                       |                         |                         |                         |                       |
| THURSDAY  |                       |                       |                         |                         |                         |                       |
| FRIDAY    |                       |                       |                         |                         |                         |                       |

Enrolment Date: \_\_\_\_\_

Start Date: \_\_\_\_\_

Finish Date: \_\_\_\_\_

Database Code: \_\_\_\_\_

**Team Checklist (please initial)**

- |                                  |     |                               |     |
|----------------------------------|-----|-------------------------------|-----|
| Parent Information given         | ___ | Profile book explained        | ___ |
| Introduction of all team members | ___ | Sign In/Out sheets explained  | ___ |
| Sleep Room/Policy explained      | ___ | Lunch box/healthy food/fridge | ___ |
| Payment process                  | ___ |                               |     |
| Orientation visit                | ___ |                               |     |

**Immunisation Register (TO BE FILLED IN BY TEAM MEMBER)**

| Type   | 6wks | 3mths | 5mths | 15mths   | 4years | MeNZ 1 | MeNZ 2 | MeNZ 3 |
|--|------|-------|-------|----------|--------|--------|--------|--------|
| Date Cert Sighted                            |      |       |       |          |        |        |        |        |
| Cert Sighted by                              |      |       |       |          |        |        |        |        |
| Not immunised by parental choice ____ (tick) |      |       |       | Comments |        |        |        |        |