



PORTOBELO WESLEY STREET

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:

<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 – please ensure you keep us informed of ALL changes</p> <p>Current Home Address:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <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 – please ensure you keep us informed of ALL changes</p> <p>Current Home Address:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>Current Home Phone: _____</p> <p>Current Work Phone: _____</p> <p>Current Mobile Phone: _____</p> <p>Email Address: _____</p> <p>Occupation: _____</p>
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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)

Child's Doctor Name:	Doctor's Address:	Doctor's Phone:
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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.

	RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD:	RELATIONSHIP TO CHILD:
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 _____ Relationship to child _____ Address _____ _____ _____ Phone Number _____	Name _____ Relationship to child _____ Address _____ _____ _____ Phone Number _____
Name _____ Relationship to child _____ Address _____ _____ _____ Phone Number _____	Name _____ Relationship to child _____ Address _____ _____ _____ Phone Number _____

Sessions wanted on enrolment:

	MORNING 8:00-12:00	MORNING 8:30-12:30	AFTERNOON 12:30-4:30	SCHOOL DAY 8:30-2:30	SHORT DAY 8 Hours FINISH by 4:30	LONG DAY 7:30-4:30	FULL DAY 7:30-5:30
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							

* A 'Short Day' is any 8 hour block (or part thereof) finishing by 4:30 pm.

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 Wesley Street?

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	
Times Enrolled						Total
20 Hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian Signature: _____ Date: ___ / ___ / ___

OFFICE USE ONLY – PLEASE LEAVE FOR TEAM MEMBER TO COMPLETE

Attendance on enrolment:

	MORNING 8:00-12:00	MORNING 8:30-12:30	AFTERNOON 12:30-4:30	SCHOOL DAY 8:30-2:30	SHORT DAY 8 Hours FINISH by 4:30	LONG DAY 7:30-4:30	FULL DAY 7:30-5:30
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							

* A 'Short Day' is any 8 hour block (or part thereof) finishing by 4:30 pm.

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				