

Enrolment Form

Leataata O Tupulaga O Le Pasefika

Date

Child's Details

First Names	Family Name	Date of Birth	/	/
Preferred	Place in Family	of		
Gender	Phone	Email		
Address				

Caregiver Details

Mother/CG1	Relationship	<input type="checkbox"/> Lives With	<input type="checkbox"/> Accounts
Ethnicity	Phone	Mobile	Work Ph
Address			
Occupation			

Father/CG2

Ethnicity	Relationship	<input type="checkbox"/> Lives With	<input type="checkbox"/> Accounts
Address	Phone	Mobile	Work Ph
Occupation			
Other Info			
Access etc			

Emergency 1	Emergency 2
Address	Address
Phone	Phone

Other siblings who may attend this centre

Name	Gender	DOB	/	/
Name	Gender	DOB	/	/

Ethnic Background

Country of Origin	Status	Citizen / PR / Permit
Entry Date	Permit Expiry	If not NZ Citizen
Ethnicity	<input type="checkbox"/> NZ Maori <input type="checkbox"/> European/Pakeha <input type="checkbox"/> Samoan <input type="checkbox"/> Niuean Other (Please Specify)	<input type="checkbox"/> Cook Is. Maori <input type="checkbox"/> Tongan <input type="checkbox"/> Tokelauan <input type="checkbox"/> Fijian <input type="checkbox"/> Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Filipino
Iwi (if NZ Maori)	Home Lang	

Medical Information

Doctor	Specialist	Vaccination Certificate Sighted <input type="checkbox"/>
Address	Address	
Phone	Phone	
Allergies, medication requirements, etc	<input type="checkbox"/> OK for Parol <input type="checkbox"/> Inhaler Required <input type="checkbox"/> Diabetes <input type="checkbox"/> Bee Sting Allergy	

Permissions

<input type="checkbox"/> Trips With Permission	<input type="checkbox"/> Display of Work	<input type="checkbox"/> Walks
<input type="checkbox"/> Details for Fundraising	<input type="checkbox"/> Photography	<input type="checkbox"/> Publicity
<input type="checkbox"/> Details to School	<input type="checkbox"/> Basic First Aid	

Enrolments

	Enter FreeECE hours in shaded boxes				
Monday	Tuesday	Wednesday	Thursday	Friday	
Start					
Finish					

I give permission for the school to sanction any required emergency medical treatment and agree to abide by the centre's policies.

Signed	Date
	/ /

OFFICE USE ONLY

Enrolment No.	Entered in Centre Records	/	/
DOB Verified	Proof of Address ?	Enrolled Date	/ /