



Parnell Infant and Toddler Centre Enrolment Contract

If you are interested in a place for your child in our Parnell Infant and Toddler Centre, please complete this form and send it to us. We will be in contact with you shortly. **Please complete ALL SECTIONS.** Please PRINT clearly.

ENROLMENT COMMENCES ON

I wish to enrol my child on the following days until further notice in writing. Any changes or deviance from these days must be advised to the Head Teacher in advance.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Start Time					
Finish Time					

1. CHILD DETAILS

Siblings Attending: YES NO

First Name(s)	<input style="width: 100%;" type="text"/>	
Last Name	<input style="width: 100%;" type="text"/>	
Residential Address	<input style="width: 100%;" type="text"/>	
Suburb	<input style="width: 100%;" type="text"/>	
City	<input style="width: 100%;" type="text"/>	
Post Code	<input style="width: 100%;" type="text"/>	
Home Phone	<input style="width: 100%;" type="text"/>	
Date of Birth	<input style="width: 50%;" type="text"/>	Age in years and months <input style="width: 20%;" type="text"/>
Gender	<input type="checkbox"/> Boy	<input type="checkbox"/> Girl
Ethnic Group	<input style="width: 100%;" type="text"/>	
First language	<input style="width: 100%;" type="text"/>	
Nationality	<input style="width: 100%;" type="text"/>	
Religion	<input style="width: 100%;" type="text"/>	

2. PARENT / CAREGIVER / WHANAU 1

Title	
First Name(s)	
Last Name	
Postal Address (if different from child's above)	
Suburb	
City	
Post Code	
Home Phone	
Business Phone	
Mobile	
E-mail address	
Relationship to child	

PARENT / CAREGIVER / WHANAU 2

Title	
First Name(s)	
Last Name	
Postal Address (if different from child's above)	
Suburb	
City	
Post Code	
Home Phone	
Business Phone	
Mobile	
E-mail address	
Relationship to child	

3. ALTERNATIVE EMERGENCY CONTACT – someone OTHER THAN those persons detailed above

Title	
First Name(s)	
Last Name	
Postal Address	
Suburb	
City	
Post Code	
Home Phone	
Business Phone	
Mobile	
Relationship to child	

4. AUTHORISED ACCESS – any changes to this section must be notified in writing to Parnell Trust

Is anyone forbidden by law to have access to the child who is enrolled on this contract? NO YES

If YES, please provide a copy of the legal document that supports this claim. Supplied on (date)

5. PERSON (1) AUTHORISED TO PICK UP THIS CHILD FROM PARNELL INFANT AND TODDLER CENTRE

Only complete this section if anyone OTHER THAN the PARENT / CAREGIVER 1 & 2 OR ALTERNATIVE EMERGENCY CONTACT have authority to pick up your child

First Name(s)	
Last Name	
Home Phone	
Business Phone	
Mobile	
Relationship to child	

PERSON (2) AUTHORISED TO PICK UP THIS CHILD FROM PARNELL INFANT AND TODDLER CENTRE

First Name(s)	
Last Name	
Home Phone	
Business Phone	
Mobile	
Relationship to child	

6. MEDICAL AND SPECIAL NEEDS

Please specify any **medical condition**, or **allergies** your child has, including ADHD, any **special dietary needs** and any **special needs or circumstances** about which we should be made aware.

Is your child on permanent medication? NO YES

*If your child is on medication and the medication has to be kept and/or administered on site at the Parnell Infant and Toddler Centre, you are required to complete a separate **MEDICAL CONSENT FORM**. Please ask our staff.*

VACCINATION RECORD: Polio Tetanus HIB Mumps Hep B Diphtheria
 Pertussis Measles Rubella Full Immunisation Certificate sighted

Staff Signature _____ Date _____

FAMILY DOCTOR

Name _____
Address _____
Business Phone _____

COMMENTS/SPECIAL INFORMATION ABOUT YOUR CHILD (*Information you may wish to share with us, for example, sleeping and settling patterns, fears, comfort articles, etc. Use a separate sheet if necessary.*)

I GIVE PERMISSION FOR MY CHILD TO:

- Be administered Basic First Aid Have his/her work displayed
- Be taken for local walks by staff

DISCLAIMER

In signing this Enrolment Contract, I hereby agree to abide by the Policies, Terms and Conditions of Parnell Infant and Toddler Centre Parnell Trust. Any changes to the Policies, Terms and Conditions will be notified to me. I acknowledge that the Parnell Trust, or their management or staff, will not be liable for any loss or damage arising (by way of accident, injury, theft, or otherwise) out of attendance at Parnell Infant and Toddler Centre. I accept responsibility for any expenses incurred in obtaining treatment for my child in an emergency situation. I give permission for my child to be taken to an alternative location (e.g.) civil defence centre) in the event of an emergency situation and for my child to be transported in accordance with the Parnell Trust Transport Policy. I understand the staff will be responsible for my child only during licensed Childcare hours.

PRIVACY ACT

Information collected will be used for the purpose of establishing and maintaining accurate records held by Parnell Trust. Children's individual files will be available for perusal by parents / caregivers with authorised access. If you do NOT wish to receive any information regarding other Parnell Trust services, please tick this box.

SIGNATURE _____
DATE _____

Please initial each page of "Policies, Terms and Conditions" and return with contract

Once your enrolment has been processed by Parnell Trust, you will receive an Individual Record Sheet showing your details and you will be required to verify that the information we have is correct. Thank you for enrolling in Parnell Infant and Toddler Centre.