



Enrolment Agreement Form

Stepping Stones Child Care Centre Limited
59 Clonbern Road
Remuera
Auckland
Phone: 529 0114
Fax: 529 0114
Email: enquiries@steppingstones.co.nz

Your child

Surname _____ Birth date _____

First name(s) _____

Nickname _____

Home address _____ Suburb _____

Person enrolling child _____ Relationship _____

When would you like your child to start? _____ / _____ / _____

What sessions would you like your child to attend?

	Mon	Tue	Wed	Thu	Fri
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contact information

Mother / guardian name:

Address _____

Home ph: _____ Business ph: _____ Mobile ph: _____ Email address: _____

Father / guardian name:

Address _____

Home ph: _____ Business ph: _____ Mobile ph: _____ Email address: _____

Emergency contact – Who else may we contact?

Name _____ Contact phone number: _____

Family doctor

Name _____ Contact phone number: _____

More contact information required on the next page

Privacy Statement:

All personal information on your child will be kept securely and remain confidential. Any changes to this form **must** be signed and dated by a parent/guardian.



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Custodial Statement

Are there any custodial arrangements concerning your child? Yes No

If Yes, please give details of any custodial arrangements or court orders (a copy of any court order is required)

Person/s who can collect your child from the centre?

Name Phone (home): Phone (work):

Address Postcode

Name Phone (home): Phone (work):

Address Postcode

Name Phone (home): Phone (work):

Address Postcode

Person/s who CAN NOT collect your child from the centre?

Name Name

Name Name

Does your child have any personal habits, likes and dislikes? (eg dummies, blankets etc)

Does your child have any health problems or allergies?

Immunisation

Do you have immunisation certificate? Yes No If "yes", please bring it with you to the centre.

(HepB - Hepatitis B; DTPH - Diphtheria / Tetanus / Pertussis /Haemophilus influenzae type b; MMR - measles / Mumps / Rubella)

6 weeks: Hep B, DTPH, Polio 3 months: Hep B, DTPH, Polio 5 months: Hep B, DTPH, Polio

15 months: DTPH, MMR 4 years: DtaP-IPV, MMR Other (please specify below)

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Medicine

Category (i) Medicines

A category (i) medicine is a non-prescription (such as arnica cream, antiseptic liquid, insect bite treatment) that is not ingested, used for the "first aid" treatment of minor injuries and provided by the service and kept in the first aid kit. These category (1) preparations include

Do you approve category (i) medicines to be used on your child? Tick one Yes No

Name/s of specific category (i) medicines that can be used on my child, **provided by the service**:

• _____

• _____

X Parent/Guardian signature: _____ Date: ___/___/___

Category (ii) Medicines

To be filled in if your child requires medication as part of an individual health plan, for example an on-going condition such as asthma or eczema etc and is for the use of that child only

Individual health plan completed and signed: Tick one Yes No

Name of medicine: _____

Method and dose of medicine: _____

When does the medicine need to be taken: (State time or specific symptoms) _____

X Parent/Guardian signature: _____ Date: ___/___/___

For statistical purposes: We are required by the Ministry of Education to ask the following question.

If your child is of Maori descent, please state the Iwi to which your child has the strongest affiliation: _____

Important Note

Please ensure you have a copy of our "Information to parents" document and fully understand how the centre operates. If you have any questions please do not hesitate to ask.

We would like to stress that if on any occasion your child is ill, you be sensitive to the well being of your child and others, by not bringing your child to the centre.

If your child is going to be absent we would appreciate a phone call.

Thank you for enrolling your child at Stepping Stones Child Care Centre.

We look forward to providing a happy environment, and stimulating care for your child.

Declaration

I give permission for my child to be take part in excursions (such as a walks to the library). The adult/child ratio will vary from our licensed staffing ratios, dependent upon the risk factor and in accordance with our *Policy on Excursions*.

In the case where my child requires medical attention, I give permission for a staff member to transport my child to an agreed destination (i.e. doctor's surgery).

My child is not enrolled, and will not be enrolled at another service for the *same hours of attendance*.

I confirm the above information to be true and correct.

X Parent/Guardian signature: _____ Date: ___/___/___

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