



ENROLMENT FORM

To Be Completed By Parent(s) or Guardian(s)

Please complete all sections and read the Terms and Conditions of Service attached.

CHILDS DETAILS

Child's First Name: _____ Child's Surname: _____

Date of Birth: _____ Please Circle: MALE / FEMALE

Address: _____

Telephone No: _____

PARENT / GUARDIAN'S DETAILS

Mother's Full Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Work Phone: _____

Mobile: _____ Email: _____

Father's Full Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Work Phone: _____

Mobile: _____ Email: _____

AUTHORITY TO COLLECT

1. Name: _____ 2. Name: _____

3. Name: _____ 4. Name: _____

Password: _____

MEDICAL INFORMATION

Family Doctor's Name: _____ Telephone No: _____

Address: _____

EMERGENCY CONTACTS

1. Full Name: _____ Relationship to Child: _____

Phone: _____

2. Full Name: _____ Relationship to Child: _____

Phone: _____

Please Identify your child's Ethnic background (please tick)

- NZ European
- NZ Maori – Iwi/Hapu: _____
- Pacific Islands (State which Polynesian Group) _____
- Other European (please identify): _____
- Asian (please identify): _____
- Other: _____

OTHER INFORMATION (Please complete, circle or tick where appropriate)

Please tell us of any medical condition the Child may have: _____

Please tell us of any special individual needs: _____

Are there any court orders affecting the Child? YES / NO

(If yes, please provide a copy of the order)

Primary language spoken at home: _____

Special cultural and/or religious needs (such as diets, festivals etc.): _____

Food Tolerated: _____

Please tell us of any special dietary needs: _____

Enrolled Days – Before & After School Care

I understand by enrolling my child on the below days I will be charged these days whether or not my child is attending Kid Central Rotorua. I understand that I must give a minimum of two weeks' notice upon my child's departure from Kid Central Rotorua and any outstanding money owing will be paid IN FULL before my child's departure.

Please tick which days you will be enrolling your child:

	Monday	Tuesday	Wednesday	Thursday	Friday
A.M (6:30-9:30am)					
P.M (3:00-6:00pm)					

Enrolled Days - Holiday Program

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
<u>Week 1</u>					
<u>Week 2</u>					

Commencement Date: _____

TOTAL WEEKLY FEES ARE = \$ _____

PAYMENTS WILL BE MADE 1 WEEK IN ADVANCE UPON ENROLMENT.

How did you hear about Kid Central: _____

PERMISSION TO PHOTOGRAPH

I, _____, give permission for Kid Central Rotorua to photograph/video record my child, _____
 (Parent or Guardian name) _____ (Child' _____

- I understand that my child may be photographed/video recorded at Kid Central Rotorua during normal childcare hours, field trips, or activities.
- I understand that these photographs/recorded images may be used in newsletters or mounted on the Kid Central Rotorua website.

Please tick one of the following:

Yes, I confirm that I have read and understood the above, and agree to have my child

Photos mounted on the Kid Central Rotorua website or newsletters.

No, I do not wish to have my child photographed.

Name (please print) _____ Signature: _____

PLEASE DETAIL YOUR CHILD'S MEDICATION TO BE ADMINISTERED IN THE TABLE BELOW. KID CENTRAL WILL REVIEW THESE DETAILS ON A REGULAR BASIS TO ENSURE OUR RECORDS ARE UP TO DATE.

DATE	TIME	NAME OF MEDICINE	DOSAGE	NAME OF STAFF ADMINISTERING MEDICINE	SIGNATURE OF STAFF MEMBER	SIGNATURE OF PARENT

I certify that the above information is true and correct. I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf or attached) of Cornerstone Childrens Services Limited T/A Kid Central which form part of, and are intended to be read in conjunction with this **ENROLMENT FORM** and agree to be bound by those conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein. ***I agree that if I am a director/shareholder (owning at least 15% of the shares) of the Buyer I shall be personally liable for the performance of the Buyer's obligations under this contract.***

SIGNED (PARENT/GUARDIAN):		SIGNED (WITNESS TO PARENT/GUARDIAN'S SIGNATURE):	
_____		_____	
Name: _____	_____	Name: _____	Date: _____
Position: _____	_____	Address: _____	_____
ID: _____ (Driver's Licence, Passport, etc.)	Date of Birth: _____	_____	Postcode: _____

SIGNED (KID CENTRAL): _____ Name: _____ Date: _____

I certify that the above information is true and correct. I have read and understand the TERMS AND CONDITIONS OF SERVICE (attached) of Cornerstone Childrens Services Limited T/A Kid Central which form part of, and are intended to be read in conjunction with this Enrolment Form and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein.

Guarantee

If I execute this agreement as the person responsible for payment on behalf of the Parent, I guarantee the due and punctual payment of all monies payable under this agreement. This Guarantee and Indemnity shall constitute an unconditional and continuing guarantee and indemnity and accordingly shall be irrevocable and remain in full force and effect until the whole of moneys owing to the Centre by the Parent and all obligations herein have been fully paid satisfied and performed.

KID CENTRAL TO SIGN:

SIGNED: _____ Name: _____
 Position: _____ Date: _____

PARENT or GUARDIAN TO SIGN

SIGNED: _____
 Name: _____
 Date: _____

PARENT or GUARDIAN TO SIGN

SIGNED: _____
 Name: _____
 Date: _____

GUARANTOR'S DETAILS (if required):

SIGNED: _____ Full Name: _____
 Occupation: _____ Address: _____
 Date: _____

WITNESS TO GUARANTOR'S SIGNATURE:

Signed: _____ Name: _____ Date: _____

OFFICE USE ONLY

Enrolment details entered YES / NO

Child Health Record signed YES / NO

Photographs for Computer Identification Child YES / NO
 Parent YES / NO

DIRECT DEBIT AUTHORITY SIGNED YES / NO

Enrolment Deposit Paid YES / NO Received Date _____

Child WRN details _____

Parent WRN details _____