



*e a o Wai*

**Emergency contacts – Name two (2) people in Christchurch we can contact if we are unable to reach you**

Name:	Name:
Relationship to child:	Relationship to child:
Address:	Address:
Phone (home):	Phone (home):
Phone (work):	Phone (work):
Phone (mobile):	Phone (mobile):
Email:	Email:
Able to collect your child on your behalf <input type="checkbox"/> Yes <input type="checkbox"/> No	Able to collect your child on your behalf <input type="checkbox"/> Yes <input type="checkbox"/> No

**Collection of child – Other person(s) named below will be allowed to collect your child on your behalf**

Name:	Name:
Phone:	Phone:

**Please list anyone who is forbidden to have access to your child, or who has conditional access, by reason of a court order (please provide a copy of relevant details)**

Name:	Name:
Name:	Name:

**Medical details**

Family doctor/Te ingoa o t t kuta:
Address and phone number:
Medical condition or special needs your child has:

Please attach additional information AND Individual Action Plan AND the appropriate permission for medication.


## 20 Hours ECE Attestation

Is your child receiving 20 hours ECE for up to six hours per day, 20 hours per week at this service?  Yes  No

Is your child receiving 20 Hours ECE at any other service?  Yes  No

If yes to either or both of the above, please sign to confirm that:

E Your child does not receive more than 20 hours of 20 Hours ECE per week across all services.

E You authorise the Ministry of Education to make enquiries regarding the information provided in the Enrolment Form, if deemed necessary and to the extent necessary to make decisions about your child's eligibility for 20 Hours ECE.

E You consent to the early childhood education 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 section.

Parent/Guardian Signature:

Date:

Please Note: 20 Hours ECE is for up to six hours per day, up to 20 hours per week and there must be no compulsory fees when a child is receiving 20 Hours ECE funding.

## Dual Enrolment Declaration

I hereby declare that my child is not enrolled at another early childhood service at the same times that he/she is enrolled at this service.

Parent/Guardian Signature:

Date:

## Permissions (please select)

I give permission for my child to be photographed videoed while at the centre. I understand these may be used for learning journals, centre displays or as part of the program.  Yes  No

I give permission for any such photography video to be used for publicity purposes.  Yes  No

I give permission for my child to be photographed videoed by parents of the centre on special occasions such as birthdays, graduation leaving parties.  Yes  No

I give permission for my child to be given an NZ-approved sunblock as required.  Yes  No

I give permission for my child to be given basic first aid treatment by the teachers when required.  Yes  No