



Little Buddies Learning Centre Enrolment Application

Date of enrolment: _____ **Start date:** _____ **Finish date:** _____

Child's Details:		
Child's first name:	Family name:	
Child's other name if any:		
Child's date of birth:	Male:	Female:
Child's Ethnic origin:	Language spoken at home:	
Child's home address:		
Post Code:		
Parents / Guardians Details:		
First name:	First name:	
Family name:	Family name:	
Address:	Address:	
Post Code:	Post Code:	
Relationship to child:	Relationship to child:	
Phone: Home: Work:	Phone: Home: Work:	
Mobile:	Mobile:	
Email:	Email:	
Emergency contact:		
First name:	First name:	
Family name:	Family name:	
Address:	Address:	
Post Code:	Post Code:	
Relationship to child:	Relationship to child:	
Phone: Home: Work:	Phone: Home: Work:	
Mobile:	Mobile:	
Doctor's Details:		
Name of Doctor:	Phone:	
Address:		
Post Code:		

Privacy Policy: All personal information about your child will be kept secure and remain confidential.
Any changes to the information in this form must be signed and dated by the parent/guardian.



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NOTE: 20 Hours ECE is for up to 6 hours per day						
	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours:
Days enrolled:						
Times enrolled:						
20 ECE Hours detail:						
	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours:
20 ECE Hours at this Centre						
20 ECE Hours at another Centre						
Parent / Guardian Signature: _____ Date: _____						
20 Hours ECE Attestation:						
Is the child receiving 20 Hours ECE for up to six hours per week at this centre?						
<i>Please tick one:</i>					YES	NO
Is the child receiving 20 Hours ECE at another centre?						
<i>Please tick one:</i>					YES	NO
<i>If Yes to either or both of the above, please confirm that:</i>						
<ul style="list-style-type: none"> The child does not receive more than 20 Hours ECE per week across all services. You authorise the Ministry of Education to make enquiries regarding the information provided in the Enrolment Application, if deemed necessary and to extent necessary to make decisions about your child's eligibility for 20 Hours ECE. Your consent to Little Buddies providing relevant information to the Ministry of Education, and to other childhood education services your child may be enrolled in, regarding the information contained herein. 						
Parent / Guardian Signature: _____ Date: _____						
Dual Enrolment Declaration:						
I hereby declare that my child is /is not enrolled at another institution at the same times that he/she is enrolled at Little Buddies Learning Centre.						
Parent / Guardian Signature: _____ Date: _____						



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Statutory Holidays & Term Breaks:

Little Buddies Learning Centre observes all Statutory Holidays. The Centre does not observe any term breaks and remains open throughout the year.

Custodial Arrangements:

Do you require any specific custodial arrangements for your child?

If **YES**, please provide details, if court orders are involved please provide a copy of court order.

Person or persons who cannot collect your child from centre:

Name:

Name:

Name:

Name:

Health Concerns of Child:

Does your child have any Allergies or Illness? If YES please detail below:

Immunisation: Is your child up-to-date with all immunisation? YES NO

Please provide verification of all immunisation records.

Verification by staff: Immunisation record sighted: YES NO

Medication: Category (i) Medicines:

Category (i) Medicines are the non-prescription that is not ingested, and is used as a 'first-aid' treatment of minor injuries and is provided by the centre. It is kept in the 'First-Aid Cabinet'.

We stock: Arnica Cream

Kindly indicate which of the above category (i) medicines you allow to be used on your child:

1.

2.

3.

4.

Parents / Guardians Signature:

Date:

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Category (iii) Medicines:	
If your child requires on-going medication as part of a health plan or medical condition such as Asthma or eczema, kindly provide details:	
Individual health plan provided:	YES NO
Medicine:	Dosage:
Dispensing: (method & Frequency):	
Parents / Guardians Signature:	Date:

Special Considerations for meals:
We ensure that meals served to the children at the centre are healthy and nutritious, However, if there are any special considerations due to religious or cultural beliefs? Please detail below:

Additional Information required for approval:
<p>1. Excursions: Parental consent is necessary for excursions requiring transport. A notice will be sent home detailing the trip along with a consent form that must be signed and returned. The child teacher ratio will be determined by the degree of risk of the trip. Standard ratios are: 1:3 for under two's and 1:4 for over two's.</p> <p>Local Excursions: My child has permission for spontaneous 'local' supervised excursions, such as a walk to the park, local library or other active movement activities.</p>
<p>2. Medical Emergency: I authorise a senior member of the centre staff to seek medical or other advice as deemed necessary for the best interest of my child in the event of illness or injury. I give permission for pamol/paracetamol to be dispensed according to age as and when advised by us.</p>
<p>3. Photographing: As an on-going part of our curriculum planning we gather and record art work and photographs of all children. I agree to have my child's photograph taken for newsletters, centre web page, board displays and work related purposes.</p>
<p>4. Advertising/Promotional Material: I understand and permit my child's photos to be possibly used in Little Buddies promotional materials such as newsletters, advertisements in the local newspapers and the centre's website.</p>



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5. Policy Statement: Little Buddies Learning Centre has specific policies and procedures for the care and education of your child. We strongly recommend that you read them.
Signing this application indicates your acceptance to abide by these policies and procedures and also understand how you can be part of the policy review process.

Parent Signature :

Other Information:

Parent/Guardian Information Booklet: Please ensure that you have read the 'parent handbook' as it covers important policies and details such as fees and subsidies that may be available to you and ways in which we can help you and your child to settle into our centre.

Privacy Statement: All personal information about your child is secure and remains confidential.

Fee Payment: I agree to pay childcare fees as per the Centre's 'Terms of Trade', and understand that any costs associated with the recovery of fees will be payable by me.

Holidays: I understand that fees are still payable if my child is enrolled but absent.

Birth Certificate: I have supplied a certified copy of my child's birth certificate.

Parent /Guardian Declaration:

I/we declare that all the information provided in this application is true and correct to the best of my knowledge and belief.

Parent / Guardian Signature:

Date:

Centre Declaration:

Application checked and verified.

Staff Name & Signature:

Date:



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Change of enrolment times and hours:						
Change effective from:						
	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours:
Days enrolled:						
Times enrolled:						
20 ECE Hours detail:						
	Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours:
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Fees

Due to the limited number of hours subsidised by the Ministry of Education, Little Buddies Learning Centre requests that an adequate fee be paid in order to sustain a quality ECE for its children.

PARENT/GUARDIAN DECLARATION

- The Fee is over and above the 20ECE Hours subsidised by the Ministry of Education.
- The Fee will be \$ 170.00 per week to be paid in advance each week.
- I understand that Little Buddies Learning Centre may enforce the payment of the Fee.
- The agreement to pay Fees will remain in force as long as my child is enrolled in the centre.
- Any changes to this agreement require a two week notice period.
- All changes must be agreed upon by Little Buddies Learning Centre.

I agree to pay the Fees for the services mentioned in this agreement form.

Parent/Guardian Signature:

Date: