



Child's Name: .....

Fathers Name:.....

Work Phone:.....

Mobile Phone:.....

Mothers Name:.....

Work Phone:.....

Mobile Phone:.....

Address: .....

.....

.....

Home Phone:.....

Email: .....

DOB: ..... START DATE:.....

If the child identifies with Maori, please enter the name(s) of his/her Iwi. You may enter more than one iwi. If you do not know the iwi, Please enter – Don't Know.

Iwi .....

Rohe .....

  

Iwi .....

Rohe .....

**PERSON/S AUTHORISED FOR COLLECTION**

NAMES: .....

MEDICAL CONDITIONS/ALLERGIES OR RESTRICTIONS?

PHONE:.....

.....

.....

.....

.....

PLEASE STATE DAYS & TIME CARE REQUIRED:

EMERGENCY CONTACT:

.....

.....

.....

ADDRESS:.....

\*My Child is not enrolled at another service for the same hours:

.....

\* I agree to abide by the Policies and Charter of Next Generation Childcare Co. Ltd:

PHONE:.....

FEES

DOCTOR:.....

I agree to pay Next Generation Childcare Ltd fees at the current rate, one week in advance and to notify Management two weeks in advance before withdrawing my child from the centre.

ROOMS: .....

This is a true and correct record of my details.

PHONE:.....

IMMUNISATIONS:

Please present your child's Immunisation Certificate (to be copied and retained by the Centre).

SIGNATURE .....

In the event of accident or emergency, I authorise the Centre to seek such advice or treatment, as it deems necessary in the best interests of my child (As part of our first aid programme we administer a homeopathic remedy- Arnica for shock and swelling).

ENROLMENT DATE:.....