

# PEBBLES CASHMERE Enrolment Form

26 Colombo Street  
Cashmere  
Christchurch  
03 9282285  
Email: [Colombo@pebblespreschool.nz](mailto:Colombo@pebblespreschool.nz)



## ◆ Child's details:

Child's **official surname** or **family name**:

Child's **official given name**:

Child's **official other names / middle names**:  
(please separate names with a comma):

**Name your child is known by / preferred name:**

Surname / family name:

Given name:

Copy of official identity verification document\* collected by staff:

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other \_\_\_\_\_

**Staff initials:** \_\_\_\_\_

Child's date of birth:    d d    /    m m    /    y y y y

Male

Female

Child's ethnic origin/s:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Iwi your child belongs to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Language/s spoken at home:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's primary residential address:

\_\_\_\_\_  
\_\_\_\_\_

Post Code:

## ◆ Privacy Statement:

We are collecting personal information on this enrolment form for the purposes of providing early childhood education for your child.

We will use and disclose your child's information only in accordance with the Privacy Act 1993. Under that Act you have the right to access and request correction of any personal information we hold about you or your child.

Details about your child's identity will be shared with the Ministry of Education so that it can allocate a national student number for your child. This unique identifier will be used for research, statistics, funding, and the measurement of educational outcomes.

You can find more information about national student numbers at: [www.minedu.govt.nz/parents](http://www.minedu.govt.nz/parents)

\* Information about acceptable identity verification documents is available online at [www.lead.ece.govt.nz](http://www.lead.ece.govt.nz) and [www.minedu.govt.nz/parents](http://www.minedu.govt.nz/parents).

**The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.**

## Parents / Guardians:

**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 the parent/guardian.

<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:
<b>3. Given names:</b>	<b>4. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:

<b>Additional person/s who can pick up your child:</b>	
<b>Given names:</b>	<b>Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Relationship to child:	Relationship to child:

<b>Custodial Statement</b>	
Are there any custodial arrangements concerning your child?	
If <b>YES</b> , please give details of any custodial arrangements or court orders (a copy of any court order is required)	
<b>Person/s who <u>cannot</u> pick up your child:</b>	
Name:	Name:

<b>Additional Emergency Contacts (also able to pick up child):</b>	
<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:
<b>3. Given names:</b>	<b>4. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:

<b>Child's doctor:</b>	
Name:	Phone:
Name of medical centre:	

<b>Health</b>	
Illness/allergies:	
Is your child up-to-date with immunisations?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verification of all immunisations)	
<b>For staff:</b> Immunisation records sighted and details recorded:	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Medicine</b>	
<b>Category (i) Medicines</b>	
A category (i) medicine is a non-prescription preparation (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 cabinet.	
Do you approve category (i) medicines to be used on your child?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Name/s of specific category (i) medicines that can be used on my child, <b>provided by Pebbles:</b>	
Arnica Cream	Antiseptic Cream
Sunscreen	Sudocrem
Parent/Guardian Signature: _____ Date: ____ / ____ / ____	

<b>Category (ii) Medicines</b>	
Category (ii) medicines are prescription (such as antibiotics, eye/ear drops etc) or non-prescription (such as paracetamol liquid, cough syrup etc) medicine that is used for a specific period of time to treat a specific condition or symptom, provided by a parent for the use of that child only or, in relation to Rongoa Māori (Māori plant medicines), that is prepared by other adults at the service.	
I acknowledge that written authority from a parent is to be given at the beginning of each day a category (ii) medicine is to be administered, detailing what (name of medicine), how (method and dose), and when (time or specific symptoms/circumstances) medicine is to be given.	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____

<b>Category (iii) Medicines</b>	
To be filled in if your child requires medication as part of an individual health plan, for example for an on-going condition such as asthma or eczema etc and is for the use of that child only.	
<b>For staff:</b> Individual health plan sighted and a copy taken:	<i>Tick One:</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of medicine:	
Method and dose of medicine:	
When does the medicine need to be taken: (State time or specific symptoms)	
Parent/Guardian Signature: _____	Date: ____ / ____ / ____



### ◆ Statutory Holidays / Term Breaks

Pebbles Preschool is open all school term breaks and closed all public statutory holidays. We are also closed for up to two weeks over Christmas.

### Required Information for Licensing Purposes

- **Excursions:** I/We give permission for our child to take part in regular trips in the local community with a minimum teacher: child ratio of 1:4. I/We agree that our child can take part in planned activities in the car park area/vegetable garden at Pebbles with a minimum teacher; child ratio of 1:6 and 2:18. All other planned excursions will require parental consent.
- **Photo/video:** I/We give permission for our child to be photographed for the purposes of assessment, planning and evaluation. These photos may appear on our website and may be used for advertising purposes.

### Other information

- **Policy Statement:** Pebbles Preschool has a number of policies that set out the procedures that are in place for the care and education of the children who attend. We strongly urge you to read these. The signing of this enrolment agreement form indicates that you will abide by the policies of this service, and understand how you can have input to policy review.
- **Fee Schedule:** I have read and agree to the fee schedule and agree to enrol my child for a minimum of TWO sessions per week.
- **Holidays:** I am aware that fees are still payable when my child is absent. I am entitled to up to 2 weeks absences per year at 50% discount with prior notice. Pebbles Preschool does not charge for public holidays.
- **Child Leaving Pebbles Cashmere:** I understand that two weeks notice needs to be given before withdrawing my child from the centre.
- **Photos:** As part of the planning process we gather art work and photos of all children, I agree that my child may have their photo taken by employed staff and students in training for assessment purposes. These photos may also be uploaded to your child's Educa profile on line. Photos may be included in other children's learning journals where applicable.
- **Advertising Material:** I understand photos may possibly be used for Pebbles promotional material such as newsletters, website and local newspapers.
- **Medical Treatment:** I give permission for my child to be given basic first aid treatment by the centre teachers and my child to be taken to an alternative location in an emergency (e.g. Civil Defence Sector). I agree to my child being taken by an ambulance in an emergency situation and I accept responsibility for any expenses incurred in obtaining treatment for my child. I understand that the centre cannot accept my child when they are sick.

### ◆ Parent Declaration

I declare that all the above information is true and correct to the best of my knowledge.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### ◆ Service Declaration

On behalf of Pebbles Preschool, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Change of Days/Times of Enrolment:						
Effective Date of Change: ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

Change of Days/Times of Enrolment:						
Effective Date of Change: ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						

Change of Days/Times of Enrolment:						
Effective Date of Change: ____ / ____ / ____						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____ Date: ____ / ____ / ____						