

Pukeko OSCAR Pakuranga Heights
Enrolment Form

Child's details:

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

Child's official **given name**:

Child's **preferred name**:

Child's date of birth: d d / m m / y y y y Child's sex (please circle): Male Female

Please tick the boxes below for the sessions you would like your child to attend:

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
After School					

What date would you like your child to start?

Child's home address:

Parent/Caregiver details 1

Name:

Relationship to child:

Home address:

Home phone:

Daytime phone:

Mobile phone:

Email address:

May we email you your invoice? (please circle) Yes / No

Parent/Caregiver details 2

Name:

Relationship to child:

Home address:

Home phone:

Daytime phone:

Mobile phone:

Email address:

Parent/Caregiver details 3

Name:

Relationship to child:

Home address:

Home phone:

Daytime phone:

Mobile phone:

Email address:

Parent/Caregiver details 4**Name:**

Relationship to child:

Home address:

Home phone:

Daytime phone:

Mobile phone:

Email address:

Additional information

Does your child have any health needs we should be aware of? (eg, allergies, food requirements, asthma etc)

Is there anything else we should know about in order to take good care of your child? (eg, custody arrangements, behavioural issues etc)

Media

I give permission for photos of my child to be used on the Pukeko OSCAR Website and Facebook page. (please circle) Yes / No

Parent/Caregiver contract:

Please sign this contract to complete enrolment. If you have any questions about the programme please do not hesitate to ask a member of staff.

I/we agree and acknowledge that:

- I have read and understand the enrolment information.
- The supervisor has my permission to arrange any necessary medical treatment at my cost.
- I will notify the supervisor of any changes to enrolment information at least a week before the changes are to take effect, in writing. If your child is enrolled for a session, we expect him/her to attend the programme, and a fee will be charged for that day.
- I agree to pay fees as stipulated, any collection costs at my cost.
- All care will be taken to provide supervision of children attending the programme in accordance with programme policies and procedures.

Parents/Caregiver Name: _____

Signature: _____ Date: _____

Please scan and email this form to: **pukekopreschoolph@gmail.com**
Or drop it in at **Pukeko Preschool Pakuranga Heights, 77 Udys Road**
Or phone **0508 123 PUKEKO (7853)** if you have any questions!

Privacy Act 1993: The information that you have supplied is necessary for the safe and effective operation of the OSCAR programme. You are welcome to review information pertaining to your child's enrolment at any time.