



ENROLMENT FORM

Child's Name: _____

Date of Birth: _____

Address: _____

Child's Ethnicity: _____

Mother's Name: _____

Mother's Address (if different from child's): _____

Home Phone: _____ Business: _____

MOB: _____ Email: _____

Father's Name: _____

Father's address (if different from child's): _____

Home Phone: _____ Business: _____

MOB: _____ Email: _____

Custody arrangements (if both parents do not share custody): _____

Emergency contacts and persons authorized to collect your child from Pre-School

Name: _____

Phone Number: _____ Mob: _____

Relationship to your child: _____



Name: _____

Phone Number: _____ Mob: _____

Relationship to your child: _____

Child's Doctor: _____

Address: _____

Phone Number: _____

Allergies Yes / No

If yes please explain: _____

Does your child have any special dietary needs: Yes/ No

If yes please explain: _____

Immunisations up-to date, and a copy on file: Yes / No

In signing this enrolment form I authorize Little Feet to administer to my child medications in accordance with the medicine administration policy of this centre.

Yes / No Parents Signature: _____

In the event of an accident or emergency, I authorize Little Feet to seek such advice or treatment as it deems necessary in the best interests of my child.

Yes / No Parents Signature: _____



In signing this enrolment form, I give permission for my child to travel with Little Feet staff or adults authorized by the Manager in a motor vehicle while in the care of the Centre. Such travel may be arranged for centre excursions, emergency medical assistance: This written permission from parents, in advance is required by Regulation 27 (1) of the Education (Early Childhood Centre) Regulations 1998.

Yes / No Parents Signature: _____

I/we consent to my child(ren) being photographed or videoed by, or at the discretion of, Little Feet Pre-School staff, for the purpose of display and use in the Pre-school only, and for "observations" to be made and recorded by the staff to assist them in developing an learning programme appropriate for my child(ren).

Parents Signature: _____

I/ we agree that my/our child will not be enrolled at any other Early Childhood learning facility for the **same session** times as Little Feet Pre-school. (Ministry requirement)

Parents Signature: _____

Commencement date: _____

The days and or sessions I would like my child(ren) to attend:

Monday	Tuesday	Wednesday	Thursday	Friday
Start	Start	Start	Start	Start
Finish	Finish	Finish	Finish	Finish
Start	Start	Start	Start	Start
Finish	Finish	Finish	Finish	Finish

Any future alterations to the times stated above must be signed by parent/caregiver.



Parent Signature: _____

Where did you hear about Little Feet Pre-school: _____

Fees are to be paid one week in advance and this advance is to be held as a bond that will be used towards paying your child(ren) last week of fees once notice of the intention to withdraw your child(ren) from the Pre-school has been given.

I have read the Little Feet Information Booklet and agree to abide by Little Feet policies. I understand that should I collect my child after closing time I will be charged a late fee. I understand that fees will be paid even if my child is away from the centre, including Public Holidays (but not for the 3 weeks over the Christmas Period). I agree to give Little Feet 2 weeks notice before withdrawing my child from the centre.

Please note: THIS INFORMATION IS KEPT PRIVATE AND CONFIDENTIAL, as per the requirements of the Privacy Act.

Parent Signature: _____ Date: _____

Staff Signature: _____ Date: _____