



St Andrew's College

Pre-school

Acceptance Form

Child's Details

Surname: _____

Given names: _____

Address: _____

Date of birth: _____ Male Female

Ethnic group: _____

Iwi your child belongs to: _____

Religious denomination: _____

Previous pre-school (if any): _____

Parent / Guardian Details (please provide details for each parent / guardian)

Surname: _____

Given names: _____

Address: _____

Relationship to child: _____

Telephone (home): _____

Occupation: _____

Business address: _____

Telephone (business): _____

Mobile (personal): _____ Preferred contact?

Mobile (business): _____ Preferred contact?
or

Fax: _____

Email (home): _____ Preferred contact?

Email (business): _____ Preferred contact?
or

Parent / Guardian Details

Surname: _____

Given names: _____

Address: _____

Relationship to child: _____

Telephone (home): _____

Occupation: _____

Business address: _____

Telephone (business): _____

Mobile (personal): _____ Preferred contact?

Mobile (business): _____ Preferred contact?
or

Fax: _____

Email (home): _____ Preferred contact?

Email (business): _____ Preferred contact?
or

Enrolment Details

Date of enrolment: _____

Please initial boxes to indicate sessions required:

Full day (8.00am - 4.30pm)

Morning learning session (8.30am - 12.30pm)

Lunch (12.30pm - 1.00pm)

Afternoon learning session (1.00pm - 3.30pm)

This enrolment agreement is inclusive of school term breaks.

Date of entry: _____ Date of exit: _____

Mon	Tue	Wed	Thu	Fri
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total hours:

Dual enrolment declaration

I hereby declare that my child is not enrolled at another early childhood institution at the same times that he / she is enrolled at St Andrew's College Pre-school.

Parent / Guardian Signature:

Date:

Family Doctor

Name: _____ Address: _____

Telephone: _____

Does your child have any allergies or known medical conditions, or are they taking regular medication? Yes No

Please give details of any chronic illnesses or conditions, and any implications or actions to be taken as a result: _____

Is your child immunised? Yes No Please specify: _____

Immunisation certificate sighted by (StAC use): _____ Date: _____

Category (iii) Medicines (to be filled in if your child requires medication as part of an individual health plan - e.g. for an ongoing condition such as asthma or eczema)

Individual health plan completed and signed: Yes No 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: _____

Emergency Contacts

Name: _____ Name: _____

Address: _____ Address: _____

Telephone: _____ Mob: _____ Telephone: _____ Mob: _____

Relationship to child: _____ Relationship to child: _____

Custodial Statement

Are there any custodial arrangements concerning your child? Yes No

If YES, please give details of any custodial arrangements or court orders (a copy of any court order is required): _____

Person(s) who **cannot** pick up your child:

Name: _____ Name: _____

Name: _____ Name: _____

Person(s) who **can** pick up your child:

Name: _____ Name: _____

Address: _____ Address: _____

Telephone (home): _____ Telephone (home): _____

Telephone (work): _____ Telephone (work): _____

Mobile: _____ Mobile: _____

- I / we have enclosed a copy of my child's birth certificate.
- I / we give permission for the Head of the Pre-school to seek immediate medical aid in an emergency via emergency services.
I / we understand that I / we will be contacted as soon as possible.
- I / we understand that my child may use resources in the wider St Andrew's College grounds (eg, Preparatory School Library, sports, music and drama facilities) NB, adult:child ratios are always maintained at or above Ministry regulation ratios.
- I / we have read and acknowledge the Privacy Act statement in the application form and give permission to the College to collect, store and disclose information accordingly.
- I / we declare that all the above information is true and correct to the best of my knowledge.

Parent / Guardian Signature: _____ Date: _____

On behalf of St Andrew's College Pre-school, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____ Date: _____