

CHILD'S DETAILS		NSN # 8	
Child's official name:		Official middle names:	
Official Surname:		Name your child is known by:	
Child's date of birth:		Male	Female
Ethnic origin:		Iwi your child belongs to:	

If your child identifies as M ori, you *must* provide at least one iwi

CUSTODIAL STATEMENT:

Are there any custodial arrangements concerning your child?

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

PERSON/S WHO child is currently with PERSON/nP/V

Category (iii) Medicine

To be filled in if your child requires medication as part of an individual health plan, for example for an ongoing condition such as asthma or eczema etc and is for the use of that child only

Name of Medicine:

Method and Dose:

When does the medicine need to be taken: (State time or specific symptoms)

Signed: _____ Date:

STAFF ONLY: Individual Health Plan copied and distributed to staff: Yes Date:

SESSION TIMES:

From 7.45am – 5.15pm on Monday to Friday.

20 HOURS ECE ATTESTATION: *(ONLY COMPLETE IF ENROLLING children aged 3-5 years)*

Is your child receiving 20 hours ECE for

USE OF TECHNOLOGY AND DOCUMENTING INFORMATION:

I understand that my child will be photographed or videoed as part of the centre's assessment, planning, and evaluation practices. No image of my child will be used for promotional or other purposes without my separate consent (see below)

Parents/whanau/caregivers are not allowed to take photos/videos of *other* children while at the Centre.

Parents/whanau/caregivers must not share images provided by the Centre to Social Media (eg from Storypark)

Students under n i

AGREEMENT TO POLICIES: