



Kids Base Limited  
Head Office:  
2 Clipper Place  
Redwood  
Christchurch, 8051  
(03) 354 2906

## KIDSBASE MASTER ENROLMENT FORM

1. Childs Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Classroom No: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

Are there any Health or Special Needs we should be aware of (e.g. allergies to pets, food, medication etc, dietary, medical conditions, cultural)? \_\_\_\_\_

Any other personal information we should be aware of (custody arrangements etc)? \_\_\_\_\_

2. Childs Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Classroom No: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

Are there any Health or Special Needs we should be aware of (e.g. allergies to pets, food, medication etc, dietary, medical conditions, cultural)? \_\_\_\_\_

Any other personal information we should be aware of (custody arrangements etc)? \_\_\_\_\_

### Parent / Caregiver Details

#### Parent / Caregiver #1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Relation To Child \_\_\_\_\_

Workplace Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

#### Parent / Caregiver #2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Relation To Child \_\_\_\_\_

Workplace Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Days Attending:

Kidsbase Location Enrolling In: \_\_\_\_\_ Start Date: \_\_\_\_\_

Before School: 7:30am–8:30am \$10 per day  MON  TUES  WEDS  THURS  FRI

After School: 3:00pm–6:00pm \$20 per day  MON  TUES  WEDS  THURS  FRI

Email Updates  Please tick the box if you would like email updates about Kidsbase programmes and venues

Holiday Programme  Please also complete a separate Holiday Programme Enrolment form

School Attending: \_\_\_\_\_ Homework Supervision: YES  NO

Preferred Method of Payment: Direct Credit - ANZ 010761-0132630-00

Work and Income Subsidy:  Please tick box if you would like to apply for a WINZ Oscar Subsidy

## Emergency Contacts / Authorised To Collect

#1 Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

#2 Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Child/ren's Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

**Privacy Act 1993:** The information that you have supplied is necessary for the safe and effective operation of the Kidsbase childcare programme. All personal information requested will be destroyed at the completion of your child's time in the programme. You are welcome to review information pertaining to your child's enrolment at any time.

## Declaration

By signing this enrolment application I/we agree to the Terms & Conditions as outlined in the attached form.

Please ensure you have read, understand and signed the Kidsbase "Conditions of Enrolment form" to complete this enrolment.

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

How did you hear about Kidsbase? \_\_\_\_\_

All new enrolments must be accompanied by a deposit to secure spaces – the deposit equates to 2 weeks of the total enrolment.

Please return your completed enrolment form and deposit to Kidsbase and we will contact you to confirm your booking

Email: [info@kidsbase.co.nz](mailto:info@kidsbase.co.nz)

Post: Kidsbase, 2 Clipper Place, Redwood, Christchurch 8051

Hand: To the Kidsbase programme Supervisor.

Payments can be made to: ANZ 010761-0132630-00, please use your name as a reference