



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: _____

Name: _____

Date: _____

Signed: _____

Name: _____

Date: _____

How did you hear about Kidsbase? _____

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

Email: info@kidsbase.co.nz

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

Hand: To the Kidsbase programme Supervisor.