

## Premium Preschool Pre-Enrolment Form



Please complete this pre-enrolment form to enrol your child to attend Premium Preschool.

On receiving this application form, your child's name will be entered onto our pre-enrolment register and placed on the waiting list. Placement within the preschool will be dependent on vacancy availability and individual priority. Priority is established by eligibility age and time on the waiting list.

### Part 1 – Child Information

Date of Application:

Child's Last Name:

Child's First Names:

Child's Date of Birth:

Child's Gender:

Child's Living Address:

Number and Street
Suburb
City

Child's Ethnicity:

Special Circumstances [If applicable]:

eg asthma, food allergies, pick up restrictions.

#### Days Attendance

Tick each box for the days you wish to enrol your child.

**Note:** P2 has a minimum 3 day attendance policy.

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

#### Optional Before [BSC] and After [ASC] School Care

At an additional cost to the core hours, the following half hour blocks are available on request. Please check all boxes for the sessions you require.

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

Please note that BSC and ASC is available at short/no notice under exceptional circumstances if needed later.

### Part 2 - Parent/Guardian Information

Please provide two points of contact to ensure the preschool has full time contact ability in the case of any emergency or other contact requirements. The primary contact should be that person who is the first point of call, while the alternate contact should be that person to be contacted when the primary contact is unavailable or cannot be reached.

#### Primary Contact

Last Name:

First Name:

Address :


Daytime Phone:

Mobile:

Occupation:

Business Phone:

Business Address:

#### Alternate Contact

Last Name:

First Name:

Address :


Daytime Phone:

Mobile:

Occupation:

Business Phone:

Business Address:

Send the completed form to Centre Manager, Premium Preschool, 31 Perry Street, Silverstream, Upper Hutt, 5019 or scan and email it to [p2.admin@xtra.co.nz](mailto:p2.admin@xtra.co.nz)

