



Treetops
Early Learning Centre

Marali Limited T/A
Treetops Early Learning Centre Botany
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报名表

ENROLMENT FORM

To Be Completed By Parent(s) or Guardian(s)

Please complete all sections and read the Terms and Conditions attached.

CHILD'S DETAILS 孩子资料:		NSN:	
Child's Official Surname 孩子的姓:		Date of Birth 出生日期:	Male 男 / Female 女 (please circle 请圈出)
Child's Official Given Names 孩子的名:		Preferred Name/Nickname 首选名/昵称:	
Office Use Only: <input type="checkbox"/> NZ Birth Certificate 出生证明 <input type="checkbox"/> NZ Passport 护照 <input type="checkbox"/> Foreign Birth Certificate 外国出生证明 <input type="checkbox"/> Foreign Passport 外国护照		Verified by (signed):	
Address 现在居住地址:			Postcode 邮政编码:
Languages spoken by the Child 孩子会说的语言:		Primary language spoken at home 在家中主要说的语言:	
Iwi your Child belongs to (if known) 所属宗族部落:			
Does your family come from a diverse cultural background 您的家庭来自不同的文化背景吗? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Religion 宗教:			
Is there anything about your culture that you would like us to know so that we may include this information in our curriculum or to help with individual need? 您是否需要我们了解您的文化，以便我们将这些文化信息纳入我们的课程或满足您的需求?			
Child's Ethnicity 孩子的种族:			

WE REQUIRE THE DETAILS OF AT LEAST ONE PARENT/GUARDIAN 我们需要至少一位家长/监护人的资料			
Parent/Guardian 1 家长/监护人 1:		Parent/Guardian 2: 家长/监护人 2	
(First names and surname) 姓名:		(First names and surname) 姓名:	
Address 地址:		Address 地址:	
Postcode 邮政编码:		Postcode 邮政编码:	
Home Phone 家庭电话:	Mobile 手机号码:	Home Phone 家庭电话:	Mobile 手机号码:
Email 电子邮件:		Email 电子邮件:	
Employer 工作单位:		Employer 工作单位:	
Work Email 工作邮箱:		Work Email 工作邮箱:	
Work Phone 工作电话:		Work Phone 工作电话:	

Relationship to Child 与孩子的关系:	Relationship to Child 与孩子的关系:
Correspondence to be sent to this Parent/Guardian 信件是否发送给这位家长/监护人? <input type="checkbox"/> YES	Correspondence to be sent to this Parent/Guardian 信件是否发送给这位家长/监护人? <input type="checkbox"/> YES
Is access allowed to both Parents? 父母双方都可以联系吗? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Custody Court Orders? 是否有任何监护人协议关系到你的小孩 <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(if yes, please provide details and copies)</i> 如果是请提供监护人协议或者法院禁止文书 (需要提供法院禁止令副本)	

AUTHORITY TO COLLECT / EMERGENCY CONTACTS: (do not include Parent/s name/s) 接送授权/紧急联系人: (不包含父母双方)

Your consent is required for other people to collect your Child from Treetops ELC on your behalf. Please list the details of those people who can collect your Child in the table below. In the event that your Child is not collected from Treetops ELC, and/or the Parent/s cannot be contacted, this list will also be used to arrange someone to collect your Child. 其他人代表您从 Treetops ELC 接您的孩子需要您的同意。请在下表中列出可以接送您孩子的人员的详细信息。如果您的孩子未被接走, 和/或无法联系到您, 此列表人员也将用于我们联系安排接您的孩子。

Personal photographic identification (driver's licence, passport, etc.) will be required from the appointed person for collection of your Child on your behalf. 指定人员代替您接孩子时需要向我们提供个人身份证明(驾驶执照、护照等)。

Contact 1 联系人 1		Contact 2 联系人 2	
First Name 名:		First Name 名:	
Last Name 姓:		Last Name 姓:	
Address 地址:		Address 地址:	
	Postcode 邮政编码:		Postcode 邮政编码:
Home Phone 家庭电话:	Mobile 手机号码:	Home Phone 家庭电话:	Mobile 手机号码:
Work Email 工作邮箱:	Work Phone 工作电话:	Work Email 工作邮箱:	Work Phone 工作电话:
Relationship to Child 与孩子的关系:		Relationship to Child 与孩子的关系:	

MEDICAL PRACTITIONER 孩子的家庭医生:

Immunisation Details: please supply evidence of immunisation. Either your Well Child Health Book, a letter from your doctor or evidence from the National Immunisation Register (NIR). 疫苗信息: 请提供孩子接受疫苗的证明。我们接受健康本、医生的信函或国家免疫登记处 (NIR) 的证明。

Family Doctor's Name 家庭医生的姓名:	Telephone No 电话:
Address 地址:	Postcode 邮政编码:

Is your Child on regular medication 您的孩子是否正在接受常规药物治疗: YES NO

If Yes please give details 如果是, 请详细说明:

Has your Child had any of the following (please tick if applicable):您的孩子是否有下列任何一项(如适用请打勾)

- Measles 麻疹 German Measles 风疹 Recurring Ear Infection 反复耳部感染 Mumps 腮腺炎 Chicken Pox 水痘
 Hepatitis 肝炎

A Child who has not been immunised may be excluded from Treetops ELC if a condition usually prevented by immunisation occurs at Treetops ELC. Full Fees are payable during the period of exclusion. 如果 Treetops ELC 发生通常通过免疫预防的病症, 则未接种疫苗的儿童可能会被排除在 Treetops ELC 之外。在排除期间需支付全额费用。

MEDICAL AND HEALTH INFORMATION: 药物和健康信息

Correct medical information regarding your Child is extremely important. All medications brought onto Treetops ELC's premises for administration must be clearly labelled with your Child's name. Prescription medications must correspond to your Child and dosage recorded on the label. **Parents are not allowed to give permission for medications to be administered for 'when required'. Medication will only be given when written permission provided.** 关于您孩子正确的医疗信息是非常重要的。所有带到 Treetops ELC 的药物必须清楚地标明您孩子的名字。处方药物必须符合您孩子的信息以及标签上必须要有明确的剂量。父母不允许在“必要时”授权给孩子用药。只有在得到书面许可的情况下才会给药。

Does your Child have any allergic reactions? (e.g., foods, medicine, grass, sunscreen, etc.)您的孩子有任何过敏反应吗?(例如, 食物、药品、草、防晒霜等) <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please provide details 如果是, 请详细说明:	
Does the Child have any medical conditions and needs (e.g. epilepsy, anaphylaxis, diabetes, asthma, etc.)您的孩子是否有任何健康状况和特别需求(例如癫痫、过敏反应、糖尿病、哮喘等) <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please provide the Child's medical action plan 如果是, 请提供儿童的医疗执行计划:	
MEDICAL EMERGENCIES / CONSENT TO ADMINISTER MEDIAL TREATMENT AND MEDICATION 医疗应急/ 同意进行医疗和药物治疗	
The only person that can give consent for staff to authorise or administer medical treatment or medication is those with 'lawful authority' meaning the Child's Parents or Guardians if appointed by the courts. I give consent for staff to undertake first aid, seek medical assistance or treatment that the Child should require at my expense. In this event, every effort will be made to contact the Parents/Guardians immediately. 唯一可以同意工作人员授权或管理医疗或药物治疗的人是那些拥有“合法权力”的人, 即孩子的父母或由法院任命的监护人。我同意工作人员进行急救、寻求医疗援助或治疗我的孩子, 费用由我承担。在这种情况下, 需尽一切努力立即联系家长/监护人。	
I agree to collect or make arrangements for the collection of the Child should they become unwell.如果孩子身体不适, 我同意来接孩子或者安排其他人来接孩子。	
Parent/s / Guardian/s Signature and Name/s 家长 / 监护人签名:	
Name 姓名:	Name 姓名:
Signed 签字:	Signed 签字:

SUNSCREEN AND/OR INSECT REPELLENT: 防晒霜和/或驱虫剂:
I hereby authorise Treetops ELC and/or staff to apply 30+ sunscreen on all unprotected areas of the skin of my child (name) _____ for outdoor play.我在此授权 Treetops ELC 和/或工作人员在我孩子(姓名) _____ 的所有未受保护区域的皮肤上涂抹 30+ 防晒霜用于户外游戏。
Signature 家长 / 监护人签名 _____ Date 日期 ____ / ____ / _____
The Parent/Guardian understand that Treetops ELC may use a variety of sunscreen and/or insect repellent brands from time to time. If the Child requires special sunscreen and/or insect repellent the Parent/Guardian will supply this product to Treetops ELC. 家长/监护人需了解 Treetops ELC 可能会不时使用不同的防晒霜和/或驱虫剂品牌。如果孩子需要特殊的防晒霜和/或驱虫剂, 家长/监护人可以向 Treetops ELC 提供此产品。
OTHER RELEVANT INFORMATION YOU WISH TO SHARE: 您希望分享的其他相关信息:
FOOD / MEALS 食物:
Does the Child have any special dietary needs? (e.g. vegetarian, religious requirements, etc.) 您的孩子对饮食有特殊要求吗? (例如素食、宗教要求等) <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please provide details 如果是, 请详细说明:
Allergies / Intolerance 过敏/不耐受:
Other details 详细说明:
GENERAL NEEDS 一般需求:

Does/can the Child participate in festivals/celebrations? 孩子是否可以参加节日/庆祝活动? YES NO

If yes, please provide details 如果可以, 请详细说明:

If no, please provide details 如果不可以, 请详细说明:

Any other Details 其他详细说明:

PHOTOGRAPHS AND/OR VIDEOS照片和/或视频:

I (name) _____ authorise the staff of the service to take photographs and/or videos of (child's name)

(please indicate your preference below). 我 (姓名) _____ 授权 _____ 工 作 _____ 人员拍摄 (孩子姓名) 的照片和/或视频 (请在下方注明您的偏好)。

To communicate visually the children's activities with the families within the centre 仅限在学校内部将孩子的活动与家庭进行视觉交流

To use for promotional purposes outside the centre (e.g., website, flyers, newspaper etc) 可用于学校外部的宣传目的 (例如, 网站、传单、报纸等)

Signature 签名 _____ Date 日期 ____ / ____ / _____

CHILDREN'S ARTWORK 儿童的艺术作品

Children's learning documentation is regularly displayed throughout the centre. If you do not want your child's learning documentation displayed, please indicate below: 学校将定期展示儿童的学习文件。如果您不希望展示您孩子的学习文件, 请在下方说明:

I do not want my children's learning/hearing stories displayed 我不希望展示我孩子的学习作品。

The Parent/Guardian hereby give consent for our Child's to be observed for staff, Child, or visitor's purposes. Childs and visitors will be from accredited training programmes and will work in conjunction with Treetops ELC. If further questioning or testing is to be carried out, Treetops ELC acknowledges that additional permission will need to be obtained. 家长/监护人在此同意我们的孩子可以出于员工、儿童或访客为目的的观察。儿童和访客将来自经认可的培训计划, 并将与 Treetops ELC 合作。如果要进行进一步的询问或测试, Treetops ELC 需要获得额外的许可。

ANIMAL ON THE PREMISES 动物

I understand there maybe animals on the premises, and I am happy for my Child to have contact with them 我了解这里可能有动物, 我很高兴我 孩子与 们接触. YES NO

School attending 学校:

Address 地址:

I wish to enrol my child for the following sessions 我想为我的孩子报名参加以下课程:

	Monday 周一	Tuesday 周二	Wednesday 周三	Thursday 周四	Friday 周五
Full Time (Monday – Friday) 全周 (周一至周五)					
Daily (Minimum 3 Days) 每日 (最少3天)					

6-hour day (9am-3pm) 每天 6 小时 (上午 9 点至下午 3 点)					
6-hour week (9-3) (Mon-Fri) 每周 6 小时 (9-3) (周一至周五)					
Sessions (Limited spaces available) Either: 8am-12pm OR 1pm-5pm 半天 (名额有限) 8am-12pm 或 1pm-5pm					

FEES 费用	Full Time 全周	DAILY 每日	6 HOUR DAY 每天 6 小时	6 HOUR WEEK 每周 6 小时
Under 3 (3 岁以下)	\$	\$	\$	\$
Over 3 (3 岁以上)	\$	\$	\$	\$
Admin Fee (管理费)	\$	\$	\$	\$

1. Is your Child receiving twenty (20) Hours ECE for up to six (6) hours per day, twenty (20) hours per week at this service?
您的孩子是否在这间学校接受了二十小时的幼儿教育服务, 每天最多六小时, 每周二十小时?

YES NO

2. Is your Child receiving twenty (20) Hours ECE at any other services? 您的孩子是否还在其他学校正在接受二十小时的幼儿教育服务?

YES NO

If YES to either or both of the above, please sign to confirm that 如果以上任何一项或两项都为“是”, 请签字确认:

- Your Child does not receive more than twenty (20) hours of twenty (20) hours ECE per week accord all services 您的孩子每周不能在所有机构接受超过教育部规定的二十小时的服务.
- You authorise the Ministry of Education to make enquiries regarding the information provided in the Enrolment Agreement form, if deemed necessary and to the extent necessary to make decisions about your Child's eligibility for twenty (20) hours 您授权教育部就入学协议表中提供的信息进行查询, 如果认为有必要, 并在必要的范围内就您孩子的二十小时资格做出决定.
- You Consent to the Early Childhood Education service providing relevant information to the Ministry of Education, and to other early Childhood Education services your Child is enrolled at, about the information contained in this section 您同意幼儿教育机构向教育部提供相关信息, 以及您的孩子就读的其他幼儿教育机构, 关于本节中包含的信息.

Parent/Guardian Signature 家长/监护人签名: _____ **Date 日期:** _____

DUAL ENROLMENT DELCARATION 录取声明

I hereby declare that my Child **is/Is Not** enrolled at another Early Childhood Institution at the same times that **he/she** is enrolled at Treetops Early Learning Centre Botany 我在此申明, 我的孩子不在同一时间内在除此之外的其他幼儿园就读.

Parent/Guardian Signature 家长/监护人签名: _____ **Date 日期:** _____

PAYMENT OPTIONS 支付方法:

I agree to pay all fees 我同意支付所有费用 weekly 每周 fortnightly 每两周:

METHOD OF PAYMENT 付款方式:

Cash 现金 Direct Debit 借记卡

Direct Credit Information 付款信息:	Bank 银行名:	Account Name 账户名:	Account No 账户号码: <i>(Please use your surname or your child's surname as reference) 请使用您的姓氏或您孩子的姓氏作为付款附言</i>

Yes / No (pls Circle) 是/否 (请圈出)	Permission for short excursions within the vicinity of the centre 允许在幼儿园附近进行短途旅行.我授权我的孩子和其他孩子一起参加由老师组织的自发性当地社区散步, 如楼下商业区或本地公园。师生比例是(两岁以下1:3, 两岁以上1:4) 以上条件同样适用于乘坐公共交通的郊游活动.
Yes / No (pls Circle) 是/否 (请圈出)	Holding Fee for holidays 假期占位费
	*After 21 days absence the funding expires, and full fees will apply 在缺席 21 天后, 补助到期, 全额费用将适用

I certify that the above information is true and correct. I have read and understand the TERMS AND CONDITIONS (attached) of Treetops Early Learning Centre Botany form part of and are intended to be read in conjunction with this Enrolment Form and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein.本人保证以上信息真实无误。

我已阅读并理解 Treetops Early Learning Center Botany 的条款和条件(附后), 构成本报名表的一部分并与本报名表一起阅读, 并同意受这些条件的约束。

我授权使用我在隐私法条款中详述的个人信息。

Guarantee 担保人

If I execute this agreement as the person responsible for payment on behalf of the Parent, I guarantee the due and punctual payment of all monies payable under this agreement. This Guarantee and Indemnity shall constitute an unconditional and continuing guarantee and indemnity and accordingly shall be irrevocable and remain in full force and effect until the whole of moneys owing to Treetops Early Learning Centre Botany by the Parent and all obligations herein have been fully paid satisfied and performed.如果我作为代表家长负责付款的 担保人执行本协议, 我保证按时支付根据本协议应付的所有款项。

本保证和赔偿应构成无条件和持续的保证和赔偿, 因此不可撤销并保持完全效力, 直到家长欠 Treetops Early Learning Centre Botany 的全部款项和此处的所有义务已完全支付, 并且执行。

PARENT or GUARDIAN TO SIGN 家长 / 监护人签名

PARENT or GUARDIAN TO SIGN 家长 / 监护人签名

SIGNED 签名: _____

SIGNED 签名: _____

Name 姓名: _____

Name 姓名: _____

ID 证件: _____ Date of Birth 出生日期: _____

ID 证件: _____ Date of Birth 出生日期: _____

(Driver's Licence, Passport, etc. 驾照, 护照等)

(Driver's Licence, Passport, etc. 驾照, 护照等)

Date 日期: _____

Date 日期: _____

GUARANTOR'S DETAILS (if required)担保人的详细信息 (如果需要):

SIGNED 签字: _____

Full Name 姓名: _____

Occupation 职业: _____

Address 地址: _____

ID 证件号: _____ Date of Birth 出生日期: _____

Date: 日期 _____

(Driver's Licence, Passport, etc. 驾照, 护照等)

TREETOPS ELC TO SIGN 由幼儿园填写:

SIGNED 签字: _____

Name 姓名: _____

Manger/Administrator 经理/行政: _____

Name 姓名: _____