

# Creating a Christ Centred Learning Community



*St Claudine Thévenet*  
School  
Rata Street Wainuiomata  
Phone 04 9399189  
Email: office@stclaudine.school.nz

## PARTICIPATION IN SCHOOL PROGRAMME

I/We accept as a condition of enrolment that our child will participate fully in our religious education programme including masses, liturgies and any other events the school plans in this area.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

## PRIVACY ACT 1993

The information given in this enrolment may be disclosed to the proprietor or agent for the purposes of attendance dues.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Surname		
First names		
Gender ( Please highlight)	Male	Female
Address		
Phone number		
Email address		
Date of birth		
Ethnicity	Maori _____	Pasifika (Iwi) _____
Languages spoken at home	NZ Asian Other _____	
Previous School		
Previous year group		
Do you have other children? Name/date of birth	1) 2) 3) 4)	
Parents/ Caregivers Name Home Phone Work Phone Occupation Catholic (Circle One)	Mother    Yes No	Father    Yes No
Emergency Contacts- Names Numbers	1)	2)
Medical Information	Doctor:	Any allergies/medical conditions

Permission for participation (Please circle)		
Sport  I give permission for my child to participate as selected for all inter-school activities	Yes	No
Educational Trips  I give permission for my child to participate in local (Wainuiomata) trips of educational value.	Yes	No
Artsplash  I give permission for my child to participate in ARTSPASH if selected for choir or dance.	Yes	No
Photos  I give permission for my child's photo to be published in the newsletter and local papers (Hutt News, Wainui News, Welcom) publishing school events and on our school Facebook page and school blogs.	Yes	No
PANADOL:  I give permission for panadol to be administered to my child when deemed necessary by Admin/ First Aid staff.	Yes	No
External Agencies  I give permission for my child to access support provided by Catholic Social Services and other external agencies such as Resource teachers, Special Education and Public Health Nurse.	Yes	No
School Costs  I understand all the costs associated with my child's learning/ school must be paid in full by November 1 <sup>st</sup> every year.	Yes	No
Signed: _____ Date: _____		

## Participation in Early Childhood Education

Did your child attend one or more early childhood service in the six months prior to starting school?

1. If your child was attending more than one service (at the same time) please enter the hours per week (up to Three services)
2. If your child attended one service, but changed to a different service use last service only
3. If your child's attendance hours varied, please enter an approximate or average number of hours per week.

Please enter the number of HOURS PER WEEK for up to three services	Service 1	Service 2	Service 3
Kohanga			
Playcentre			
Kindergarten			
Playgroup			
Aoaga Mata			
Home based service			
Correspondence School			

or

Please tick appropriate box	
Attended only outside NZ	
Attended but don't know what service	
Did not attend	
Unable to establish attendance	

Did your child attend Early Childhood Education? (Please highlight one)

Regularly means each week/ fortnight and went unless sick or away on holiday

Yes Regularly

Occasionally

Did not attend