

AOGA AMATA PORIRUA EFKS (AAPE)

11-17 Waihemo Street, Waitangirua, Porirua



Chairperson: Lealaiauloto Paiaaaua

Treasurer: Aiono Samoa

Secretary: Folole Esera

Supervisor: Penina Vailaau (Over Twos)

Manager: Nove Vailaau

PEPA RESITARA (*Enrolment Form*)

Igoa o le Tamaititi: _____
(*Child's first name*)

Fa'aiu: _____
(*Surname*)

Ituaigaiga Tagata
(*Ethnic Origin*) _____

Aso Fanau
(*DOB*) _____

Fanau i fea
(*Place of Birth*) _____

Tama/Teine
Male Female

Pepa Fanau/ Tusi folau va'ai
(*Birth/ Passport sighted*)

Matua/Parents

Igoa o le Tina
(*Mother's First Name*) _____

Fa'aiu
(*Surname*) _____

Tuatusi
(*Address*) _____

Telefoni i le fale
(*Home number*) _____

Telefoni i Galuega
(*Work Number*) _____

Igoa o le Tama
(*Father's First Name*) _____

Fa'aiu
(*Surname*) _____

Tuatusi
(*Address*) _____

Telefoni i le Fale
(Home Number) _____

Telefoni i le Galuega
(Work Number) _____

Mo ni Fa'alavelave Fa'afuasei/Contact for Emergencies

1. Igoa/Name _____

Telefoni/Phone _____

2. Igoa/Name _____

Telefoni/Phone _____

Aso Fa'atonu
(Date of Enrolment)

Aso Mae'a
(Date of Exit) ____/____/____

Aso Aoga (Days Enrolled)	Aso Gafua Monday	Aso Lua Tuesday	Aso Lulu Wednesday	Aso Tofi Thursday	Aso Faraile Friday
Taimi (Times Enrolled)					

Saini a Matua
(Parent Signature) _____

Aso
(Date) _____

**Suiga o Aso/Taimi i le Resitala
Changes of Days/Times of Enrolment**

Aso Aoga (Days Enrolled)	Aso Gafua Monday	Aso Lua Tuesday	Aso Lulu Wednesday	Aso Tofi Thursday	Aso Faraile Friday
Taimi (Times Enrolled)					

Saini a Matua
(Parent Signature) _____

Aso
(Date) _____

Ta'utinoga/Dual Enrolment Declaration

Ou te ta'utino atu e le o aoga la'u tama i se isi Aoga Amata i taimi o lo'o aoga ai ia AAPE
I hereby declare that my child is not enrolled in another Early Childhood institution at the same times that he/she is enrolled at:

Saini a Matua
(Parent Signature) _____

Aiaiga Fa'aletulafono/Custodial Statement

Poo i ai ni aiaiga fa'aletulafono e uiga i lou alo? Afai e iai, faailoa mai faamolemole.

Are there any custodial arrangements concerning your child? If 'yes' please state them below:

Tagata Pikiina lou Alo

(Nominated person/s picking up your child)

Igoa/Name _____ Tuatusi/Address _____ _____ Telefoni/Phone _____	Igoa/Name _____ Tuatusi/Address _____ _____ Telefoni/Phone _____
Igoa/Name _____ Tuatusi/Address _____ _____ Telefoni/Phone _____	Igoa/Name _____ Tuatusi/Address _____ _____ Telefoni/Phone _____

Ou te taliaina le pu'eina o se ata, pe fai fo'i ni su'esu'ega a faiaoga i la'u tama

(I agree to my child being observed, photographed and evaluated by centre staff, and records kept)

Saini

(Signature) _____

Ua uma ona ou vaai i le potu moe o tamaiti ma faitau i le tusi policy

(I have viewed the sleeping facilities and read the sleeping policy)

Saini

(Signature) _____

Soifua Maloloia
(Health)

Fomai
(Doctor) _____

Telefoni
(Phone) _____

E iai ni ona ma'i?
(Illness-Allergies) _____

Afai 'Ioe', faamatala mai faatonuga o togafitiga
(If 'yes', please advise on medication)

O lelei tui puipui o lau tama?
(Is your child up to date with immunisation?)

Afai 'Ioe', aumai le tusi Plunket e faamaonia ai
(If so, please bring in your child's plunket book for verification)

E iai ni manaoga faapitoa o lau tama?
(Has your child got special needs?)

E te fa'atagaina lau tama e alu i se savaliga/tafaoga
(Permission to go on short local outings/walks)

Saini
(Signature) _____

Mo ni lavea laiti e mafai ona fa'aaoga e faiaoga ni vai e togafitia ai le manu'a o lau tama, e mana'omia lou fa'atagaina o lea tulaga
(For minor accidents/incidents centre staff may elect to use products such as arnica cream, sting goes etc. I give permission for such products to be used on my child)

Saini
(Signature) _____

Aiaiga e totogi ai le pili Aoga
(Commitment to payment of school fees)

<i>Aso Amata</i> <i>Starting Date</i>	
<i>First Payment Date</i>	
<i>Method of Payment</i>	<input type="checkbox"/> AP <input type="checkbox"/> Cheque <input type="checkbox"/> Tel Banking <input type="checkbox"/> Cash

O pili uma e tatau ona totogiina ma le fa'amaoni, ae afai ua le totogiina le pili o lau tama mo le masina atoa, e mafai e AAPE ona tuuina atu le avanoa o lau tama i se isi tamaititi, ma e mafai fo'i ona fa'aaogaina ala faaletulafono mo le totogiina o aitalafu.
(Please ensure that your child's fees are paid on time, however, if the fees are not paid after a month, AAPE has the right to give your child's placing to another on the waiting list. Debt collectors will get involved with regards to the outstanding amount (arrears).

Saini a Matua _____ Aso _____
(Parent Signature) (Date)

Saini a le Supervisor/Licensee _____ Aso _____
(Supervisor/Licensee Signature) (Date)

Ou te faamaonia e sa'o fa'amatalaga ua ou tusia
(I declare that all above information is true and correct)

Saini a Matua _____ Aso _____
(Parent Signature) (Date)