

## Enrolment Agreement Form

### Child:

Child's first names	(Official) Surname
Name your child is known by	
Child's date of birth	Male <input type="checkbox"/> Female <input type="checkbox"/>
Ethnic Origin	
Iwi your child belongs to (if relevant)	NSN
Child's home address or addresses	
	Postcode:
Identity Verification - Centre Use Only	
NZ Birth Certificate <input type="checkbox"/>	NZ Passport <input type="checkbox"/> Other <input type="checkbox"/>

### Parents / Guardians:

First Names	First Names
Surname	Surname
Address	Address
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Phone (Mobile):	Phone (Mobile):
Email:	Email:

### Person Responsible for Payment of Fees (if different from above):

First Names	Date of Birth
Surname	Relationship to Child
Address	
Phone (Home):	Phone (Mobile):
Phone (Work):	Email:

### Emergency Contacts (also able to pick up child):

First Names		First Names	
Surname		Surname	
Address		Address	
	Post Code:		Post Code:
Phone (Home):		Phone (Home):	
Phone (Work):		Phone (Work):	
Phone (Mobile):		Phone (Mobile):	
Email:		Email:	

### Person/s who can pick up your child: (if not already listed in this form)

First Names		First Names	
Surname		Surname	
Address		Address	
Post Code:		Post Code:	
Phone (Home):		Phone (Home):	
Phone (Work):		Phone (Work):	
Phone (Mobile):		Phone (Mobile):	

First Names		First Names	
Surname		Surname	
Address		Address	
Post Code:		Post Code:	
Phone (Home):		Phone (Home):	
Phone (Work):		Phone (Work):	
Phone (Mobile):		Phone (Mobile):	

### Custodial Statement

Are there any custodial arrangements concerning your child?

If **YES**, please give details of any custodial arrangements or court orders (a copy of any court order is required)

### Enrolment Details:

Date of Enrolment: \_\_\_ / \_\_\_ / \_\_\_ Date of Entry: \_\_\_ / \_\_\_ / \_\_\_ Date of Exit: \_\_\_ / \_\_\_ / \_\_\_

**Please Note:** 20 Hours ECE is for up to **six hours per day**, up to **20 hours per week** and there are no compulsory fees when a child is receiving 20 Hours ECE funding.

The minimum number of hours enrolment per day at this centre is:

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday		
Times Enrolled						Total no. of hours:	

**For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours**

20 Hours ECE at this service						Total no. of hours:	
20 Hours ECE at another service						Total no. of hours:	

### 20 Hours ECE:

1. Do you want your child to receive 20 Hours ECE for up to six hours per day, 20 hours per week at this Centre?	Tick one: <b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other service? Tick One	Tick one: <b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>

### Optional Charges:

This centre does not request optional charges.

### Statutory Holidays / Term Breaks

This enrolment agreement is [inclusive/exclusive] of school term breaks. Our centre charges a flat fee per week that takes account of those days the service is closed (e.g: Statutory Holidays).

**Note:** Please inform us of any alteration in hours.

### Doctor:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

### Health

Illness/allergies \_\_\_\_\_

Is your child up-to-date with immunisations? Tick one Yes  No

(Please provide verifications of all immunisations)

**For staff:** Immunisations record sighted and details recorded Tick one Yes  No

## Medicine

**Category (i) Medicines - non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite treatment) that is not ingested, used for the 'first aid' treatment of minor injuries and provided by the centre**

Do you approve category (i) medicines to be used on your child?

Tick one Yes

No

Name/s of specific category (i) medicines that can be used on my child, **provided by the centre:**

**Category (ii) Medicines – to be filled in if your child requires prescription medication for a limited time**

**Category (iii) Medicines - To be filled in if your child requires medication as part of an individual health plan, for example for an on-going condition such as asthma or eczema etc and is for the use of that child only**

Name of medicine:

Method and dose of medicine:

When does the medicine need to be taken? (State time or specific symptoms)

**For staff:** Individual health plan completed and signed:

Tick one Yes

No

## Additional Information About Your Child

Languages spoken at home by your child

English

Maori

Other: please specify

## Additional Information for Licensing Purposes

■ **Policy Statement:** Our centre has a number of policies that set out the procedures that are in place for the care and education of the children who attend. We strongly urge you to read these. The signing of this enrolment agreement form indicates that you will abide by the policies of this centre, and understand how you can have input to policy review.

■ **Parent Information Book:** Please ensure you have read the information in the parent handbook as it covers such things as fee details, subsidies that are available to you and ways in which we can help you and your child settle into the centre.

## Parent Declaration

I declare that all the above information is true and correct to the best of my knowledge.

I attest to the 20 Hours enrolment hours detailed in this form.

I confirm that:

- My child does not receive more than 20 hours of 20 Hours ECE per week across all services.
- I 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 my child's eligibility for 20 Hours ECE.
- I consent to this centre providing relevant information to the Ministry of Education, and to other early childhood education services my child is enrolled at, about the information contained in this form.
- I agree to pay the fees charged for my child's enrolment at the Centre, in accordance with the Fees Schedule published at the time
- I agree to pay outstanding fees to the centre by the due date and that if I fail to do so I will be liable for any additional debt collection costs

The rules about making changes to the agreement are:

■

■

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 this centre.

**I APPROVE / DO NOT APPROVE** the administration of the category (i) or (ii) medicines detailed in this form to be used on my child.

**I APPROVE / DO NOT APPROVE** the administration of the category (iii) prescription medicines detailed in this form to be used on my child in accordance with the prescription instruction.

**I AGREE / DO NOT AGREE** to my child participating in any regular excursions from the centre. I will be notified in advance of any special or one-off excursions and be invited to AGREE or NOT AGREE to each.

I understand that my child may be photographed or videoed from time to time as part of the centre's assessment, planning and evaluation practices. No image of my child will be used for promotional or other purposes without my separate written consent.

I have read and understand the Privacy Statement at the bottom of this form. Further, I understand that personal information about my child, including images of my child undertaking learning or an activity at the centre, images of something my child has produced (such as artwork) and stories and experiences of teaching staff involving my child, may be collected from time to time for the purpose of supporting the centre's teaching staff in their professional development and recertification with the Education Council. I agree to the collection, use and disclosure of information for this purpose. I understand that any items and personal information collected for this purpose may be retained for up to three years. Such items may be viewed by the teacher, their mentor, centre management and representatives of the Education Council of New Zealand and the Education Review Office. No images of my child's work will be made publicly available or used for any other purpose without my separate written consent.

Parent/Guardian Signature

Date:

## Service Declaration

On behalf of (Name of centre) \_\_\_\_\_

I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature

Date: