



Enrolment Agreement Form

Enrolment Information, **20 Hours ECE** Enrolment Hours and Attestation Information for Early Childhood Education Services.

» Child's details:

Child's **official surname** or **family name**:

Child's **official given name**:

Child's **official other names / middle names**: (please separate names with a comma):

Name your child is known by / preferred name:

Surname / family name:

Given name:

Copy of official identity verification document* collected by staff:

- New Zealand birth certificate
- New Zealand passport
- Other _____

- Foreign birth certificate
- Foreign passport

Staff initials: _____

Child's date of birth: dd / mm / yyyy

Male

Female

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

Child's primary residential address:

Post Code:

➔ Privacy Statement:

We are collecting personal information on this enrolment form for the purposes of providing early childhood education for your child.

We will use and disclose your child's information only in accordance with the Privacy Act 1993. Under that Act you have the right to access and request correction of any personal information we hold about you or your child. Details about your child's identity will be shared with the Ministry of Education so that it can allocate a national student number for your child. This unique identifier will be used for research, statistics, funding, and the measurement of educational outcomes.

You can find more information about national student numbers at: www.minedu.govt.nz/parents

* Information about acceptable identity verification documents is available online at www.lead.ece.govt.nz and www.minedu.govt.nz/parents.

Parents / Guardians:

1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:
3. Given names:	4. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:

Additional person/s who can pick up your child:

Given names:	Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):

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)

Person/s who cannot pick up your child:

Name:	Name:
Name:	Name:

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

1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

3. Given names:	4. Given names:
Surname / family name:	Surname / family name:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

Child's doctor:	
Name:	Phone:
Name of medical centre:	

Health					
Illness/allergies:					
Is your child up-to-date with immunisations?	<i>Tick One</i>	Yes		No	
(Please provide verification of all immunisations)					
For staff: Immunisation records sighted and details recorded:	<i>Tick One</i>	Yes		No	

Medicine
Category (i) Medicines
<p>A category (i) medicine is a 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 service and kept in the first aid cabinet.</p> <p>Note: The service must provide specific information about the category (i) preparations that will be used.</p>

Do you approve category (i) medicines to be used on your child?	<i>Tick One</i>	Yes		No	
Name/s of specific category (i) medicines that can be used on my child, provided by service:					
<input type="checkbox"/> Arnica Cream	<input type="checkbox"/> Burnaid Burn Gel				
<input type="checkbox"/> Rapaid Antiseptic Cream	<input type="checkbox"/> Aero Eye wash and wound irrigation				
Parent/Guardian Signature: _____			Date: ___ / ___ / ___		

Category (ii) Medicines	
Category (ii) medicines are prescription (such as antibiotics, eye/ear drops etc) or non-prescription (such as paracetamol liquid, cough syrup etc) medicine that is used for a specific period of time to treat a specific condition or symptom, provided by a parent for the use of that child only or, in relation to Rongoa Māori (Māori plant medicines), that is prepared by other adults at the service.	
I acknowledge that written authority from a parent is to be given at the beginning when a category (ii) medicine is to be administered, detailing what (name of medicine), how (method and dose), and when (time or specific symptoms/circumstances) medicine is to be given.	
Parent/Guardian Signature: _____	Date: ___ / ___ / ___

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.				
For staff: Individual health plan sighted and a copy taken: <i>Tick One:</i>	Yes		No	
Name of medicine:				
Method and dose of medicine:				
When does the medicine need to be taken: (State time or specific symptoms)				
Parent/Guardian Signature: _____			Date: ___ / ___ / ___	

➤ 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						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total hours:
For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours						
20 Hours ECE at this service						Total hours:
20 Hours ECE at another service						Total hours:
Parent/Guardian Signature: _____				Date: ___ / ___ / ___		

➤ 20 Hours ECE Attestation:					
1. Is your child receiving 20 Hours ECE for up to six hours per day, 20 hours per week at this service?					
			<i>Tick One</i>	Yes	No
2. Is your child receiving 20 Hours ECE at any other services?					
			<i>Tick One</i>	Yes	No
If yes to either or both of the above, please sign to confirm that:					
1. Your child does not receive more than 20 hours of 20 Hours ECE per week across all services.					
2. 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 20 Hours ECE.					
3. 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 box.					
Parent/Guardian Signature: _____				Date: ___ / ___ / ___	

➤ Dual Enrolment Declaration

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 [insert name of service].

Parent/Guardian Signature: _____

Date: ___ / ___ / ___

➤ Optional Charges: For half day sessions

1. The optional charge is for the preschool half day sessions for children over 3.
2. A charge of \$10 per day, allows us to cover food, higher staffing ratios and extra resources.
3. I understand that if I agree to pay for the optional charge, Kidstown, may enforce payment.
4. The agreement to pay the optional charge will last for two years from enrolment.
5. If changes are made to this agreement Kidstown will give parents a reasonable opportunity in which to change their mind.
6. I understand that that optional charge is not compulsory and if I choose not to pay there will be no penalty.
7. I **agree/do not agree** (*select one*) to pay the optional charge for the activities/items specified in number 2 above in this enrolment agreement form.

Parent/Guardian Signature: _____

Date: ___ / ___ / ___

➤ Statutory Holidays / Term Breaks

This enrolment agreement is **inclusive** of school term breaks.

Kidstown is closed for the Xmas New Year period and is not open on any the following public holidays if they fall on a weekday.

New Year's Day	Easter Monday	Christmas Day
Day after New Year's	ANZAC Day	Boxing Day
Waitangi Day	Queen's Birthday	Local Anniversary Day
Good Friday	Labour Day	

Required Information for Licensing Purposes

1. **Excursions:** I give permission for my child to take part in regular excursions (under the conditions stated in the service's excursions policy).
2. **Photo/video:** I give permission for my child to be photographed for the purposes of assessment, planning and evaluation. Prior permission of the parents / guardians will be sought if any photos are to be used for promotional material
3. **Policy Statement:** Kidstown 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 service, and understand how you can have input to policy review.
4. **Parent Information Book:** Please ensure you have read the information in the parent handbook as it covers such things as fee details, day to day running of our Centre and ways in which we can help you and your child settle into the service.
5. **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences. We have enclosed a separate form - 'All About Me' to help us better understand your child.

➤ Parent Declaration

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

Parent/Guardian Signature: _____

Date: ___ / ___ / ___

➤ Service Declaration

On behalf of Kidstown, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____

Date: ___ / ___ / ___

Change of Days/Times of Enrolment:						
Effective Date of Change: ___ / ___ / ___						
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total
For 20 Hours ECE fill out boxes below						
20 Hours ECE at this service						
20 Hours ECE at another service						
Parent/Guardian Signature: _____				Date: ___ / ___ / ___		

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