



ENROLMENT AGREEMENT FORM

◆ Child's details:

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

Child's **official given name**:

Child's **official other names / middle names**: ()
p 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

Foreign birth certificate

New Zealand passport

Foreign passport

Other _____

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.

The Ministry recommends that all services keep a copy of the identity verification document of each child who is enrolled at the service.

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?

Tick One

Yes

No

(Please provide verification of all immunisations)

For staff: Immunisation records sighted and details recorded:*Tick One*

Yes

No

Medicine

Category (i) Medicines

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.

Note: The service must provide specific information about the category (i) preparations that will be used.

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 service**:

▪

▪

▪

▪

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 of each day 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:

Tick One:

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** and there **must be no** compulsory fees when a child is receiving 20 Hours ECE funding.

| | | | | | | |
|-----------------|--------|---------|-----------|----------|--------|--------------|
| 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?

Tick One Yes No

2. Is your child receiving 20 Hours ECE at any other services?

Tick One Yes No

If yes to either or both of the above, please sign to confirm that:

- Your child does not receive more than 20 hours of 20 Hours ECE per week across all services.
- 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.
- 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: ___/___/___

