

Administration Records - Start Date:



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**:
(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: d d / m m / y y y y

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 2020. 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: eli.education.govt.nz

* Information about acceptable identity verification documents is available online at eli.education.govt.nz

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

Any changes to this form **must** be signed and dated by the parent/guardian.

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):
Relationship to child:	Relationship to child:

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 <u>cannot</u> pick up your child:	
Name:	Name:

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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:

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

Health			
Illness/ food allergies:			
Special needs for your child, e.g. religious beliefs, behavioural or physical needs:			
Is your child up-to-date with immunisations?	<i>Tick One</i>	Ye s	No
		<input type="checkbox"/>	<input type="checkbox"/>
(Please provide verification of all immunisations)			
For staff: Immunisation records sighted and details recorded:	<i>Tick One</i>	Ye s	No
		<input type="checkbox"/>	<input type="checkbox"/>

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?	<i>Tick One</i>	Ye s	No
		<input type="checkbox"/>	<input type="checkbox"/>
Name/s of specific category (i) medicines that can be used on my child, provided by service:			
▪	▪		
▪	▪		

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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 (by the parent) 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: ____ / ____ / ____

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◆ 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: ____ / ____ / ____

◆ 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: ____ / ____ / ____

◆ Statutory Holidays / Term Breaks

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

If your service is open on Statutory Holidays, parents need to confirm enrolment for each individual statutory holiday.

Little Hearts Childcare is not open on the following public holidays if they fall on a weekday.

New Year's Day	<input type="checkbox"/>	Easter Monday	<input type="checkbox"/>	Christmas Day	<input type="checkbox"/>
Day after New Year's Day	<input type="checkbox"/>	ANZAC Day	<input type="checkbox"/>	Boxing Day	<input type="checkbox"/>
Waitangi Day	<input type="checkbox"/>	Queen's Birthday	<input type="checkbox"/>	Local Anniversary Day	<input type="checkbox"/>
Good Friday	<input type="checkbox"/>	Labour Day	<input type="checkbox"/>		<input type="checkbox"/>

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Required Information for Licensing Purposes	
<ul style="list-style-type: none"> ▪ Excursions: Permission for the child to take part in regular excursions (under the conditions stated in the service's excursions policy). ▪ WRITTEN CONSENT will be required for all the excursions outside the centre that involves vehicle transport (as per the excursion policy) ▪ Photo/video: permission for the child to be photographed for the purposes of assessment, planning and evaluation (explain clearly how the photos/videos can/can't be used) 	
I give permission for: (Terms and Conditions)	
1. my child to go for walks to neighbouring schools, shops, library, parks or nearby places along with teachers at the proposed ratio of 1:4 (O 2) and 1:3 (U 2).	YES / NO
2. for my child to be observed, photographed/videoed for the purpose of planning, assessment and evaluation by the students during their time at the centre. I understand that their names will not be used and the information will only be used for their training.	YES / NO
3. that my child may be included in the photographs or videos taken by parents or whanau of other enrolled children on special occasions, e.g. birthdays, celebrating festivals.	YES / NO
4. my child to be moved to an alternative location, in case of accident or emergency and the centre will seek advice in the best interest of the child.	YES / NO
5. my child's photos/videos to be used for promotional materials on Little Hearts website, Facebook, emails, newsletters and Storypark.	YES / NO
6. my child to have supervised internet access (along with teachers).	YES / NO
7. Hearing and Vision nurse to do B4school checks.	YES / NO
<p>I agree that I will not bring my child to the centre when they are suffering from any medical condition that can be transmitted to other children e.g. vomiting and /or diarrhoea, high temperature, an unidentified rash, conjunctivitis, nits etc.</p> <p>I agree that I will abide to the Centre's Policies and Terms and Conditions. I agree that the centre reserves the right to amend policies and Terms and Conditions as deemed necessary.</p> <p>Parent / Guardian signature _____ Date: ____/____/____</p>	
Terms and Conditions for Payment of Fees: I AGREE to	
1. Pay non-refundable fee of \$20.00 to confirm space for my child on the waiting list and enrolment.	
2. To pay the fees one week in advance on the basis of fee schedule that is current at that time.	
3. Provide the centre management with a minimum of 2 weeks of paid notice of intention to withdraw my child from the centre.	

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4. I understand that fees may be reviewed at any time by the management at their discretion and will apply from the notified date (4 weeks' notice of any intended change will be given in writing by the centre management with an intended date of fee change).

5. I understand that fees will be charged for any absences and statutory holidays.

6. I understand that management will pass on the information to an outside agent to assist in the recovery of any debt incurred by me. I will be responsible for any cost incurred in such situation.

Other information possible to include on this Enrolment Agreement Form

- **Policy Statement:** Little Hearts Childcare 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.

- **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 service.

- **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences.

- **Transitional School Visits:** Information on transition arrangements.

- **Correspondence School Enrolment:** Details of enrolment agreement.

◆ 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 Little Hearts Childcare, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature:

Date: ____ / ____ / ____

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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: ____ / ____ / ____

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: ____ / ____ / ____

Any changes to this form **must** be signed and dated by the parent/guardian.