



Enrolment Agreement Form

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

◆ For funding purposes sections marked with this symbol are required to be included in every Enrolment Agreement Form
(20 Hours ECE sections are not applicable if the service does not offer 20 Hours ECE).

◆ 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:

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:

Child's Identification:

Children may be enrolled into a service even if a parent/caregiver cannot provide identity documentation. It is important to ask for identity documentation, and if a parent/caregiver can provide it, please state in the enrolment form which documentation you sighted.

Official Identification document/s sighted by staff:

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other _____

Staff initials: _____

◆ Privacy Statement:

All early childhood services must meet their responsibilities under the Privacy Act 2020, which include providing a Privacy statement on enrolment agreements which meets the requirements of that Act (see [Principle 3 - Collection of information from subject](#)).

Additionally, all Privacy statements must include the exact wording below:

Personal information about your child collected on this enrolment form is shared with the Ministry of Education who store it securely and treat it in accordance with the Privacy Act 2020. Information is disclosed to the Ministry:

- for funding allocation purposes
- for monitoring purposes
- to allow the assignment of a National Student Number* to your child, and
- to allow the Minister or Secretary of Education to exercise any of their other powers or responsibilities under the Education and Training Act 2020, and as permitted by Privacy Principles 10 and 11.

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

Completed forms may also be viewed by Ministry officials on request for the purposes of monitoring and licensing.

* A National Student Number is a unique identifier for your child within the education system. You can find more information about National Student Numbers and what they are used for at

[National Student Number \(NSN\) » NZQA](#)

Early childhood services can find out more information about NSN assignment – including acceptable identity verification documents – at: [National Student Numbers \(NSN\) – Education in New Zealand](#)

The Ministry recommends keeping a record of identity verification documents that have been sighted, but not retaining copies of identity verification documents, which if received, should be securely destroyed once verified.

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:

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

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:
Name:	Name:
Additional Emergency Contacts (also able to pick up child):	
1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Relationship to child:	Relationship to child:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
1. Given names:	2. Given names:
Surname / family name:	Surname / family name:
Relationship to child:	Relationship to child:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:

Health	
Is your child up-to-date with immunisations?	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
Does your child have any illness/ food allergies:	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other services?			
	Tick One	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes to either or both of the above, please sign to confirm that:			
<ul style="list-style-type: none"> 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. 			

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

- 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: ____ / ____ / ____

◆ Optional Charges

Little Hearts Childcare do not charge any optional charges.

◆ 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 of school term breaks.

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"/>	Labour 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"/>	King's Birthday	<input type="checkbox"/>	Local Anniversary Day	<input type="checkbox"/>
Good Friday	<input type="checkbox"/>	Matariki	<input type="checkbox"/>	Christmas Day	<input type="checkbox"/>

Required Information for Licensing Purposes

▪ **Excursions:** Permission for the child to take part in regular excursions (ratio, location and method of travel as stated in the service's excursions 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

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4. I give permission for SPF 50 NZ-approved sunscreen to be applied to my child. I have read and understood the sun safety policy. INITIALS:	YES / NO
5. 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
6. My child's photos/videos to be used for promotional materials on Little Hearts website, Facebook, emails, newsletters and Storypark.	YES / NO
7. My child to have supervised internet access (along with teachers).	YES / NO
8. I give permission for Arnica cream, Antiseptic cream, Anthisan insect bite cream to be applied when needed.	YES / NO
8. Hearing and Vision nurse to do B4school checks.	YES / NO

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.

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.

Parent / Guardian signature _____ Date: ____/____/____

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.
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.
- **Child's strengths, interests and preferences:** Please tell us about your child's strengths, interests and preferences in All About Me form attached along with this enrolment form.
- **Transitional School Visits:** Parents will be provided information on Transition to School Policy.
- **Correspondence School Enrolment:** Details of enrolment agreement.

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◆ 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: ____ / ____ / ____

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: ____ / ____ / ____