

Enrolment Form

91 Portage Road, New Lynn Auckland 0600 Ph-09-8260644

Administration Records

20300

◆ 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: 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:

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.

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.

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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 <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:
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):
Email:	Phone (Mobile):
	Email:

Child's doctor/ Medical Allergies	
Name:	Phone:
Name of medical centre:	

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

Medicine
Category (i) Medicines

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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**:

- | | | | |
|-------------------|--------------------|-----------------|-----------------|
| ▪ Arnica | ▪ Antiseptic cream | ▪ White Vinegar | ▪ Eye Wash |
| ▪ Zinc Castor Oil | ▪ Burn Aid | ▪ Talcum Powder | ▪ Alcohol Wipes |

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: ____/____/____

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◆ 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: ____ / ____ / ____

◆ 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: ____ / ____ / ____

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◆ Excursions

I give Permission for the child to leave the centre with teachers, to take part in regular excursions, going to park, neighbouring schools, parks, shops or to the library at the proposed ratio of 1:5

Yes / No

All planned excursions outside the centre that involves transport will require separate, written consent and any extra charges as per arrangements.

◆ How Did You Hear About Us?

Yellow pages Online Yellow Pages Flyer Google Search Signage

Previous Sibling Word of Mouth Any Other Way-----

◆ General Information

Does your child normally have sleep during the day? ☐

Does your child have any additional needs?

◆ Statutory Holidays / Term Breaks

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

Childcare Plus Learning Centre is NOT open on the public holidays/ Statuary 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"/>		

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◆ Terms and Conditions	
<ul style="list-style-type: none"> • Photo/video: permission for the child to be photograph, videoed, for the purposes of assessment, planning and evaluation. 	Yes / No
<ul style="list-style-type: none"> • I agree to keep all pictures taken at the centre and images that are on the story park that involve my own child and other children safe and will not distribute these images on other forms of social media. 	Yes / No
<ul style="list-style-type: none"> • I give permission for other children's portfolios/e-portfolios to contain images/videos of my child as part of their assessments, planning and evaluation. 	Yes / No
<ul style="list-style-type: none"> • I give permission to the centre for website, Facebook or any promotional materials to contain images/videos of my child. 	Yes / No
<ul style="list-style-type: none"> • I give permission that my child may be included in photographs or videos taken by parents or Whanau of other enrolled children at special centre occasions, e.g. birthdays. 	Yes / No
<ul style="list-style-type: none"> • I give permission for my child to be observed, photographed/videoed, and evaluated by the volunteers/students and external facilitators during their time at the centre. I understand that names will not be used and the information gathered will only be used as part of their training/research. 	Yes / No
<ul style="list-style-type: none"> • In the event of accident or emergency, the centre will seek such advice or treatment as it deems necessary in the best interests of the child. 	Yes / No
◆ Infectious Disease	
<p>I agree that I will not bring my child to the centre when they are suffering from any condition that is capable of being transmitted to other children e.g. vomiting and/or diarrhoea, high temperature, an unidentified rash, conjunctivitis, nits etc.</p> <p>I agree to notify the centre of my child's absence.</p> <p>I agree that I abide by 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: _____</p> <p>Date: ____/____/____</p>	

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◆ TERMS AND CONDITIONS FOR PAYMENT OF FEES

- I agree to pay the fees one week in advance on the basis of the fees schedule that is current at the time. (Note: The ECE service must not require you to pay fees for the 20 hours ECE your child is receiving.)
- I agree to provide Centre Management with a minimum two week's paid notice of intention to withdraw my child from the centre.
- I understand fees may be reviewed at any time by the management of the centre at their discretion and will apply from the notified date (a minimum of 3 weeks' notice of any intended change will be given in writing by Centre Management).
- I understand fees will be charged for absences and statutory holidays.
- Our centre may pass on 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 collection.
- I understand and accept that irrespective of any arrangement with any third party (e.g. other adult, WINZ) to pay the fees, the full responsibility rests with me.

Parent/Guardian Signature: _____

Date: ____/____/____

◆ Other Information

- **Policy Statement:** Childcare Plus Learning 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 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. Please fill in the "All about Me" form with enrolment form.
- **Transitional School Visits:** Information on transition arrangements.

◆ Parent Declaration

Your child's information may be passed on to the Ministry of Education, Ministry of Health, and Education Review Office auditors. 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 Confident Learners Early learning centre declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: _____ Date: ____/____/____