

## 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:

Official Identification document/s sighted by staff:

New Zealand birth certificate

Foreign birth certificate

New Zealand passport

Foreign passport

Other \_\_\_\_\_

**Staff initials:** \_\_\_\_\_

Child's date of birth:          /       /            

Male

Female

Child's ethnic origin/s:

\_\_\_\_\_

Iwi your child belongs to:

\_\_\_\_\_

Language/s spoken at home:

\_\_\_\_\_

**Child's primary residential address:**

\_\_\_\_\_

Post Code:

**Church Affiliation (for statistical purposes only).**

Do you attend a church Yes / No

If yes – which church? \_\_\_\_\_

### ◆ 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.

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](#)

\* 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:**

<b>1. First Names:</b>	<b>2. First Names:</b>
<b>Surname / Family name:</b>	<b>Surname / Family name:</b>
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:
<b>3. First Names:</b>	<b>4. First Names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
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:**

<b>First Names:</b>	<b>First Names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
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.

<b>Custodial Statement</b>	
Are there any custodial arrangements concerning your child?	
If <b>YES</b> , 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:

<b>Emergency Contacts (will be contacted if Parents/Guardians are unable to be reached):</b> <i>At least one other contact must be provided outside of Parent/Guardian relationship</i>	
<b>1. Given names:</b>	<b>2. Given names:</b>
<b>Surname / family name:</b>	<b>Surname / family name:</b>
(If different to details above):	(If different to details above):
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Relationship to child/family:	Relationship to child/family:

<b>Child's doctor:</b>	
Name:	Phone:
Name of medical centre:	

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

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<b>Medicine</b>		
<b>Category (i) Medicines</b>		
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.		
Do you approve category (i) medicines to be used on your child? <i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name/s of specific category (i) medicines that can be used on my child, <b>provided by service:</b>		
▪ Arnica cream	▪ Antiseptic cream/liquids	▪ Sunblock
▪ Nappy rash cream	▪ Insect bite cream/ointment	
Parent/Guardian Signature: _____ Date: ____ / ____ / ____		

<b>Category (ii) Medicines</b>	
Category (ii) medicines are prescription (such as antibiotics, eye/ear drops etc) or non-prescription (such as paracetamol liquid, cough syrup, Bonjela soothing teething gel 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: ____ / ____ / ____	

<b>Category (iii) Medicines</b>	
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.	
<b>For staff:</b> Individual health plan sighted and a copy taken: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Tick One:</i>	
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: ___ / ___ / ___		
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Short Day (8:30am–3:30pm)						Total hours:
Long Day (7:30am –5:30pm)						Total hours:
<b>For 20 Hours ECE (Children Aged 3 – 6yrs) fill out boxes below with the hours attested e.g. 6 hours</b> <b>Please Note:</b> 20 Hours ECE is for up to <b>six hours per day</b> , up to <b>20 hours per week</b> and there <b>must be no</b> compulsory fees when a child is receiving 20 Hours ECE funding. Fees Charged are for times outside of these 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 (Children 3 – 6yrs):		
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
	<input type="checkbox"/>	<input type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other services?		
	<i>Tick One</i> Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
If yes to either or both of the above, please sign to confirm that:		
<ul style="list-style-type: none"> <li>▪ Your child does not receive more than 20 hours of 20 Hours ECE per week across all services.</li> <li>▪ 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.</li> <li>▪ 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.</li> </ul>		
Parent/Guardian Signature: _____		Date: ___ / ___ / ___

◆ Dual Enrolment Declaration	
I hereby declare that my child <b>is/is not</b> enrolled at another early childhood institution at the same times that he/she is enrolled at Small Fries Christian Childcare Centre.	
Parent/Guardian Signature: _____	Date: ___ / ___ / ___

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## ◆ Statutory Holidays / Term Breaks

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

Small Fries Christian Childcare Centre is closed on Statutory Holidays. Normal fees apply.

Small Fries Christian Childcare Centre has optional attendance for approximately two weeks over the Christmas and New Year holiday period. Fees only apply to those attending during this period. No fees are charged over this time for those who do not attend over this period.

## Other Information

- **Excursions:** By signing the below, I give permission for my child to take part in regular excursions (under the conditions stated in the service's excursions policy). These excursions will take place with regular classroom ratios. This will usually be better than, but will never exceed 1:8 for our 2 – 6 year olds and 1:4 for our under 2 year olds. Regular excursions include walks over to the Windsor Park Church area (auditorium, café, café playground and Totara Club), the connected rugby fields, our neighbouring shops. Other excursions will be notified on individual permission forms. Full risk assessments are available at reception.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- **Information sharing:** I give permission to the Centre Manager or Team Leader to share necessary information with the Primary school my child will attend, for the purpose of providing better support to meet their transitional and learning needs. I understand I will be informed if extra help is needed for my child.

Parent /Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

- **Photo/video:** By signing the below I give permission for my child to be photographed for the purposes of assessment, planning, evaluation, displays within our Centre and promotional use, including our website, Storypark, and closed Facebook page. I also give permission for student teachers to photograph my child for course related assessment work as approved by the Centre Manager.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- **Policy Statement:** Small Fries Christian Childcare 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. These can be found at reception, or given by request. We strongly urge you to read these and input into their review. The signing of this enrolment agreement form indicates that you will abide by the policies of this service.

- **Contract Termination:** Either party (Small Fries Christian Childcare Centre, or the Parent/Guardian) may terminate this contract with two weeks written notice.

## ◆ 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 Small Fries Christian Childcare Centre, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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