



Administration Records

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: / /

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.

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: <i>Please supply email address so you can receive invoices and newsletters. If you do not have access to an email please let our office know</i>	Email: <i>Please supply email address so you can receive invoices and newsletters. If you do not have access to an email please let our office know</i>
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 cannot pick up your child:

Name:	Name:
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Name:	Name:
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Additional Emergency Contacts (also able to pick up child):

1. Given names:	2. Given names:
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Surname / family name:	Surname / family name:
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Address:	Address:
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Post Code:	Post Code:
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Phone (Home):	Phone (Home):
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Phone (Work):	Phone (Work):
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Phone (Mobile):	Phone (Mobile):
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Email:	Email:
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3. Given names:	4. Given names:
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Surname / family name:	Surname / family name:
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Address:	Address:
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Post Code:	Post Code:
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Phone (Home):	Phone (Home):
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Phone (Work):	Phone (Work):
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Phone (Mobile):	Phone (Mobile):
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Email:	Email:
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Child's doctor:

Name:	Phone:
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Name of medical centre:

Health

PLEASE NOTE: Children with severe food allergies will need to supply their own food.

Is your child up-to-date with immunisations? *Tick One* Yes No

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,

- | | |
|---------------------|------------------------------------|
| ▪ Arnica Cream | ▪ Anthisan (insect bite treatment) |
| ▪ Antiseptic Liquid | ▪ Bonjela |

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

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.
- If your child is absent for three weeks or more funding will cease on the fourth week and you will be liable to pay the non-funded child daily rate as per fee schedule. If your child is absent because of sickness then a medical certificate will need to be supplied for funding to continue, until normal bookings commence.

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 Future Kids.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

◆ Statutory Holidays / Term Breaks

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

Future Kids is **not** open on the following public holidays if they fall on a week day

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"/>		

Other information

- **Policy Statement:** Future Kids Preschool 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 in policy reviews.
- **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.
- **Sun Block:** I give permission for my child to have centre sunscreen applied while attending the centre at of charge \$10 per term. Sunblock is applied in term one and four.
- **Emergency:** in case of injury, should we not be able to contact you immediately, do you or do you not give us permission to take your child to the doctor / hospital by car / ambulance, and take the course of action prescribed by the doctor. Emergency procedure is as per our health and safety policy.

Required permission for...

- **Excursions:** I give/do not give permission for my child to be taken on impromptu walks in the vicinity of the centre, and permission for my child to take part in excursions outside the vicinity of the centre. (Under the conditions stated in the services excursion policy)

- **Photo/video:** I give/ do not give permission for my child to be photographed for the purposes of assessment, planning and evaluation, and portfolios. This permission extends to students who need photos and documentation for their assignments, with the understanding that all documentation and photos will only be shown to tutors at their learning institute.
- **Facebook:** I give / do not give permission for my child's photo to be on facebook. Our face book account is secure and only assessable to centre parents by invite
- **Newsletters:** I give /do not give permission for my child's photo to be included in our termly newsletter that is sent via email to our families and published on our website www.ohaupochildcare.co.nz
- **Birthday parties:** I understand that the centre cannot guarantee that my child will be excluded from any photos or footage taken by parents on their child's birthday celebrations at the centre. I understand all photos and footage taken by parents will be approved by teachers before parents leave the centre.
- **Hearing and Vision Screening:** These are undertaken by the Ministry of Health once your child is four. A district nurse will come into the centre and undertake basic screening; they will leave a notice of any further action required, Vision and hearing screenings are undertaken in every childcare and Kindergarten in New Zealand. I give/ do not give permission for these vision and hearing checks.

Please circle

I wish for my child to be excluded from all party photos and footage.

I agree teachers cannot guarantee the exclusion of my child from all party photos, but am happy with teachers approving all photos taken.

◆ Parent Declaration

I declare that all the above information is true and correct to the best of my knowledge.

I have brought along a copy of my child's birth certificate, passport or a form of identification.

I have brought along a copy of my child's immunisation records. (if applicable)

By signing this form I agree to all terms and conditions of the centre which are located in the parent information pack.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

◆ Service Declaration

On behalf of Ohaupo Childcare, I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature:

Date: ____ / ____ / ____