



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 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: 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.

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:

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:
Name:	Name:
Additional Emergency Contacts (also able to pick up child):	
1. Given names:	2. Given names:

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

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/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)			
For staff: Immunisation records sighted and details recorded:	<i>Tick One</i>	Yes <input type="checkbox"/>	No <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> Yes <input type="checkbox"/> No <input type="checkbox"/>
Name/s of specific category (i) medicines that can be used on my child, provided by service:	
• Arnica Yes / No	
• Insect bite cream Yes / No	

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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 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?	<i>Tick One</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is your child receiving 20 Hours ECE at any other services?	<i>Tick One</i> 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. 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. 	

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

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 Explore & Flourish.

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Statutory Holidays / Term Breaks

Explore & Flourish is open all school term breaks with an exception of a two week close down period over Christmas and New Year and closed all public statutory holidays outside of that. In accordance with our terms of trade, regular fees apply.

How Did you Hear About Us?

Please circle one:

Facebook / Newspaper advertisement / radio / driving by / word of mouth / staff member

Other (please give details) : _____

Terms and Conditions of Enrolment

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

I understand that these terms and conditions in this form are not exhaustive and that others are contained in published Centre Policy documents, Rules, Notices etc. I Accept that the Centre reserves the right to add, amend, clarify or delete terms, conditions or policies by issuing Newsletters, Notices, or posting notification on one of the Centre Notice boards. I understand that I can have input into policy review.

In signing this enrolment form I agree to...

- Not bring my child to the centre when they are unwell and/or suffering any condition that is capable of being transmitted to other children in accordance with our centre illness policy.
- Authorize the centre, in the event of a medical emergency, to seek appropriate medical advice or treatment as they consider necessary in the best interests of my child and if necessary, take my child to hospital in an ambulance. The Centre shall immediately contact the parent and/or emergency contact in the event of an unwell child requiring medical treatment.
- Abide by the policies, processes and rules of the Centre as set down from time to time by Management.
- Pay the full fees on the basis of the fee schedule and the terms set out in the fee schedule, current at the time. I understand that any costs incurred in the recovery of overdue fees will be payable by me.
- Give two week's notice in writing when I withdraw my child from the Centre

Additional information requiring approval for enrolment

- **Policy Statement:** Explore & Flourish 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 (copies are available by request from reception and online). 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 Pack:** I have received a parent information pack which covers important details about policies, fee details, subsidies that are available and ways in which I can be involved in the centre
Circle One Yes No
- It is also really helpful to our teachers if you could fill out and return the "Your Child" document outlining your child's strengths, interests and areas of growth.
- **Photos:** As part of the planning process we gather artwork and photos of all children. I agree that my child may have their photo taken by employed staff for the purpose of displaying program planning and portfolios. Photos may be used in learning journals, centre newsletters.
Circle One Yes No

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<ul style="list-style-type: none"> For online media (such as Facebook and Instagram) <p><i>Circle One</i> Yes No</p>
<ul style="list-style-type: none"> Sunscreen: I agree that staff may apply sunscreen to my child as per the Sun Sense Policy. <p><i>Circle One</i> Yes No</p>
<ul style="list-style-type: none"> Excursions: I give permission for my child to take part in regular excursions as per the Explore & Flourish Excursion Policy. I understand this includes spontaneous short walks with the teacher/s in the local area but I will be required to give written permission for extended excursions. <p><i>Circle One</i> Yes No</p>

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 Explore & Flourish, I declare that this form has been checked and all relevant sections have been completed.	
Service Provider Signature: _____	Date: ____ / ____ / ____

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