

| **Enrolment Agreement Form**   |
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| **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: 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** |
| All early childhood services must meet their responsibilities under the Privacy Act 2020,which include providing a Privacy statement on enrolment agreements which meets therequirements 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 theMinistry of Education who store it securely and treat it in accordance with the PrivacyAct 2020. Information is disclosed to the Ministry:For Funding allocations purposesFor Monitoring purposesTo allow the assignment of a national student number\* to your child andTo allow the minister of secretary of education to exercise any other powers orresponsibilities under the education and training act 2020, and as permitted byprivacy principals 10 and 11.Completed forms may also be viewed by Ministry officials on request for the purposes ofmonitoring and licensing.\* A National Student Number is a unique identifier for your child within the educationsystem. You can find moreinformation about National Student Numbers and what they are used for atNational Student Number (NSN) » NZQAEarly childhood services can find out more information about NSN assignment –including acceptable identity verification documents – at: National Student Numbers(NSN) – Education in New ZealandThe Ministry recommends keeping a record of identity verification documents thathave been sighted, but not retaining copies of identity verification documents, which ifreceived, should be securely destroyed once verified.You can find more information about National Student Numbers and what they are used for at **National Student Number (NSN) » NZQA**  |
| **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** |
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| **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** |
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| 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: |
| Name: | Name: |

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

| **Child’s doctor** |
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| Name: | Phone: |
| Name of medical centre: |

| **Health** |
| --- |
| Illness/allergies: |
| Is your child up-to-date with immunisations?  | *Tick One* | Yes |  | No |  |  |
| (Please provide verification of all immunisations) |
| **For staff:** Immunisation records sighted and details recorded:  | *Tick One* | Yes |  | No |  |  |

| **Medicine** |
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| **Category (i) Medicines**  |
| A category (i) medicine is a non-prescription preparation (such as arnica cream, 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?  | *Tick One* | Yes |  | No |  |  |
| Name/s of specific category (i) medicines that can be used on my child, **provided by service**: |
| * Weleda - Arnica Yes / No
 |  |
| * Soov - Insect Bite Cream Yes / No
 |  |
| * Smart 365 - Sunscreen Yes / No
 |  |
| * Only Good - Baby Body Wash Yes / No
 |  |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

| **Category (ii) Medicines** |
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| 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** |
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| 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: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

| **Enrolment Details** |
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| 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** |
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| 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 |  |  |
|  |
| 1. 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.
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| **Dual Enrolment Declaration**  |
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| 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** |
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| Explore & Flourish is open all school term breaks and closed for all public statutory holidays. In accordance with our terms of trade, regular fees apply.  |

|  **Optional Charges** |
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| 1. The optional charge is for: Activities within our local community |
| Parents have an opportunity to enrol their child/ren into activities outside of the centre. The cost of these will vary from activity to activity and are dependent on activities available to us. They are held within school terms and will incur additional charges. At the completion of each term’s activity, the parent can decide to stop participation for the following term.*The rules about making changes to the agreement are: (you must give the parent reasonable opportunity in which to change their mind):* |
| Term beginning:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Per term: Swimming $ Dance $ Gymnastics $ Beach Kidz $ |
|  |
| 2. I understand that if I agree to pay for the optional charge, Explore & Flourish may enforce payment. |
| 3. The agreement to pay the optional charge will last for the duration the child does an activity. |
| 5. I understand that the optional charge is not compulsory and if I choose not to pay there will be no penalty.  |
| 6. I **agree/do not agree** *(select one)* to pay the optional charge for the activities/items on offer at Explore & Flourish. |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

| **How Did You Hear About Us?** |
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| Please circle one:Facebook / Newspaper advertisement / radio / driving by / word of mouth / staff member Other (please give details) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

| **Terms and Conditions of Enrolment** |
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| 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.
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| **Additional information requiring approval for enrolment** |
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| * **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* For online media (such as Facebook and Instagram)

 *Circle One* Yes No |
| * **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 special excursions. During these excursions ratios will always be met.

List of Excursions in our Community* Faulkner Park
* New World Brookfield
* Chester Street Reserve
* Lees Park

I agree to the ratios of the excursion and give permission for my child to attend *Circle One* Yes NoI have been informed of the risks associated with all regular excursions *Circle One* Yes No |

| **Parent Declaration** |
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| I declare that all the above information is true and correct to the best of my knowledge. |
| Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |

| **Service Declaration** |
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| On behalf of Explore & Flourish, I declare that this form has been checked and all relevant sections have been completed. |
| Service Provider Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_ /\_\_\_\_ / \_\_\_\_ |