



Enrolment Agreement Form

Administration Records

NSN:

Child Ref:

WINZ:

Date of Enrolment: ___ / ___ / ___

Date of Entry: ___ / ___ / ___

Date of Exit: ___ / ___ / ___

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: 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.

Privacy Statement: All personal information on your child will be kept securely and remain confidential. Any changes to this form **must** be signed and dated by the parent/guardian.

Parents / Guardians:

First Names:	First 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:

First Names:	First 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:

First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:

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:
Name:	Name:

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

First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:

First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Relationship to child:	Relationship to child:

Child's Doctor:

Name:	Phone:
Name of Medical Centre:	

Health:

Illness/allergies:				
Is an individual Health Plan required?	<i>Tick One</i>	Yes	No	
Any other known conditions for your child:				
Is your child up-to-date with immunisations?	<i>Tick One</i>	Yes	No	
(Please provide verifications of all immunisations)				
Office Only – Immunisations record sighted and details recorded:	<i>Tick One</i>	Yes	No	

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Medicine:

Category (i) Medicines

A category (i) medicine is a non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite treatment) and sunscreen 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
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Name/s of specific category (i) medicines that can be used on my child, **provided by service:**

- Sunscreen

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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

Individual health plan completed and signed:	Tick One	Yes		No
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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:

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	Total number of hours:
Times Enrolled:						

For 20 Hours ECE (only for 3yrs old or over) fill out boxes below with the hours attested e.g. 6 hours

20 Hours ECE at this service						
20 Hours ECE at another service						

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

This section (20 hours ECE Declaration) is only applicable if your child is 3 years old or over.

20 Hours ECE Declaration:

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 (select one)** enrolled at another early childhood institution at the same times that he/she is enrolled at Te Whare Whai Hua Early Childcare Centre.

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

Statutory Holidays / Term Breaks

Te Whare Whai Hua **does not open** on any statutory or any public holidays.

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Required Information for Licensing Purposes (Please circle one)

- I give permission for my child to take part in regular excursions (under the conditions stated in the excursions policy) **Yes/No**
- I give permission for my child to be photo/video: permission for the child to be photographed for the purposes of assessment, planning and evaluation (explain clearly how the photo's/videos can/can't be used) **Yes/No**
- I give permission for my child to be taken on regular outings within walking distance. (On planned excursions parents will be notified via Panui/newsletter). **Yes/No**
- I give permission for my child details to be given to Vision & Hearing along with Oral Health for the purpose of regular health checks **Yes/No**
- I give permission for my child's head to be checked for headlice for the purpose of prevention of outbreaks at the centre (notification will be given prior to the check and a Public Health Nurse maybe involved to assist the staff). **Yes/No**
- I give permission for any ambulance to be called in an emergency. **Yes/No**
- For the wellbeing of my child, if the need arises I give permission for my child to be seen by the health nurse. **Yes/No**
- I give permission for my child's name to be published in the Centre Newsletter **Yes/No**
- I give permission for any such photography/Video to be used for publicity purposes. **Yes/No**
- I give permission for my child to be taken to an alternative emergency location e.g. civil defence centre, in the event of an emergency. **Yes/No**
- I give permission for staff to do observations on my child while at the Early Childhood Centre. I understand that any information collected about my child will be used in a professional manner to assist in planning developmental appropriated programmed for my child. All information gathered will be treated as confidential and stored safely. Parents have access to this information at any time. **Yes/No**
- From time to time students in training will be attending the centre and may need to make observations on your child as part of their professional development. Any observations done will be treated as confidential and if such observations are removed from the centre your child will not be identified in any way. **Yes/No**
- **For TPU Parents:** From time to time staff at the Teen Parent Unit may need to collect the students children from the centre due to timing or whanau not being able to collect their child. I understand this could occur with my child from time to time and will advise the staff at the TPU or TWWH accordingly. **Yes/No**

Other information

- **Policy Statement:** Te Whare Whai Hua 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.
- **Privacy Statement:** All personal information on your child will be kept securely and remain confidential.

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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 - Office Use Only

On behalf of Te Whare Whai Hua, I declare that this form has been checked and all relevant sections have been completed.

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

Infant and Toddler Routines:

My child sleeps atam andpm

My child is to be fed at this timeam and.....pm

Does your child require a cuddly when being put to sleep? Y / N

Child's strengths, interests and preferences:

What does your child like to do during play time?

.....
.....

Does your child have any particular interest or preferences? Y / N

What are they?

.....
.....

Any other comments.

.....
.....

Tōku Pepeha

Ko..... te maunga (mountain)

Ko..... te awa (river)

Ko..... te waka (canoe)

Ko te iwi (tribe)

Ko te hapū (sub-tribe)

Ko te marae

Ko tōku ingoa (name)

No..... ahau (where I am from)

Ko..... tōku whaea (my mother)

Ko tōku matua (my father)

I te taha o tōku whaea (on my mother's side)

Ko..... rāua ko ōku tīpuna matua.
(.... andare my grandparents)

I te taha o tōku matua (on my father's side).

Ko rāua koōku tīpuna matua.
(...and ... are my grandparents)

Ko Te Whare Whai Hua tōku whare kōhungahunga.
(TWWH is my childcare centre)

No reira, tēna koutou, e te whānau.

Change of Days/Times of Enrolment:

Effective Date of Change: ____ / ____ / ____

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times Enrolled:						

For 20 Hours ECE fill out boxes below

20 Hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Change of Days/Times of Enrolment:

Effective Date of Change: ____ / ____ / ____

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	Total
Times Enrolled:						

For 20 Hours ECE fill out boxes below

20 Hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

Change of Days/Times of Enrolment:

Effective Date of Change: ____ / ____ / ____

Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday	
Times Enrolled:						Total

For 20 Hours ECE fill out boxes below

20 Hours ECE at this service						
20 Hours ECE at another service						

Parent/Guardian Signature: _____

Date: ____ / ____ / ____

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