

ENROLMENT AGREEMENT



◆ 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: dd / mm / yyyy

Male

Female

Child's ethnic origin/s:

Iwi your child belongs to:

Language/s spoken at home:

Religious/cultural or other considerations:

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 the requirements 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 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 Early childhood services can find out more 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:

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:
Occupation:	Occupation:
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:
Name:	Name:
Health:	
Doctor's Name: Medical Centre:	Phone:
Illness/allergies:	
Is your child up-to-date with immunisations?	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verification of all immunisations)	
For staff: Immunisation records sighted and details recorded:	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
Medicine	
<p>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.</p> <p>Do you approve category (i) medicines to be used on your child?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>Name/s of specific category (i) medicines that can be used on my child, provided by service: Sunscreen; bee sting cream; insect bite cream; talcum powder; arnica cream; antiseptic liquid/cream.</p>	
<p>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: ____ / ____ / ____</p>	
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 <input type="checkbox"/> No <input type="checkbox"/>
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:

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.

Parent/Guardian Signature: _____ Date: ___ / ___ / ___

◆ Dual Enrolment DeclarationI hereby declare that my child **is/is not** enrolled at another early childhood institution at the same times that he/she is enrolled at Wanaka Preschool.

Parent/Guardian Signature: _____ Date: ___ / ___ / ___

◆ Statutory Holidays / Term Breaks

This enrolment agreement is inclusive of school term breaks. The Preschool will be open for the school term breaks. Prior booking is essential for attendance during school term breaks and you will be charged normal fees. There is no charge if you have not made a booking.

The Preschool will be closed for all statutory holidays.

You will be charged for all absences with the exception of term breaks as outlined above.

Parental Permission

Excursions: Children may be taken for short excursions in groups by teachers, with no more than 8 children per adult. All other excursions will require written permission and for motor transport will comply with regulations 29a of the Traffic Regulations 1976. *Tick One*

Yes

No

Photo/video: I give permission for my child to be photographed/videoed and his/her name and age used for publicity for the Centre, Centre website, display at the Centre, group or individual records or for the purpose of research or assignments. *Tick One*

Yes

No

Other information

- **Community based, non-profit:** All profits are used to pay day to day expenses and resources for children. We are governed by a committee made up of parent volunteers who are nominated at the AGM. We welcome additional parent assistance and encourage anyone interested to join the committee.
- **Fund raising:** In order to cover funding shortfall and keep fees as low as possible we supplement our income with annual fund raising events. These require parent participation and support.
- **Policy Statement:** Wanaka 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 to policy review.
- **Parent Information:** Please ensure you have read the information in the parent sheet as it covers such things as fee details, and ways in which we can help you and your child settle into the service. Depending on your family circumstances you could be entitled to a subsidy towards childcare fees from Work and Income (WINZ). Contact information is on the parent sheet.
- **Fees:** The current fee schedule is set out in the parent sheet, fees are due within 7 days of invoice date. All costs incurred in the collection of overdue accounts will be payable by the debtor.
- **Privacy Statement:** All personal information on your child will be kept securely and remain confidential. Relevant information may be shared with your child's nominated primary school.
- **Transitional School Visits:** Information on transition arrangements for the local primary schools, are available from the Centre Manager.

Primary School your child will be attending: _____

I give permission for the Preschool to share information regarding your child with the primary school or opt out.(please circle if you want to opt out)

◆ 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 Wanaka Preschool, I declare that this form has been checked and all relevant sections have been completed.

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

