



Wanaka Preschool Early Childhood Centre
Administration Records **Enrolment Agreement Form**

Child's details: **NSN Number: (Office use)**

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:

Child's Identification:

Children may be enrolled into a service even if a parent/caregiver cannot provide identity documentation. It is important to ask for identity documentation, and if a parent/caregiver can provide it, please state in the enrolment form which documentation you sighted

Official Identification document/s sighted by staff:

- | | |
|--|--|
| <input type="checkbox"/> New Zealand birth certificate | <input type="checkbox"/> Foreign birth certificate |
| <input type="checkbox"/> New Zealand passport | <input type="checkbox"/> Foreign passport |
| <input type="checkbox"/> 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:**

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 (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
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 (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
Relationship to child:	Relationship to child:

Additional (emergency) 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 (Mobile):	Phone (Mobile):

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:

◆ Child's doctor:

Name:	Phone:
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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

Category (i) Medicines

A category (i) medicine is a non-prescription preparation (such as arnica cream, Bepanthen Antiseptic 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.

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, **provided by service:**

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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: Yes No
Tick One:

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 20hours 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

<input type="checkbox"/>	No	<input type="checkbox"/>
<input type="checkbox"/>	No	<input type="checkbox"/>

2. Is your child receiving 20 Hours ECE at any other services?

Yes

Tick One

<input type="checkbox"/>	No	<input type="checkbox"/>
<input type="checkbox"/>	No	<input type="checkbox"/>

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** 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

The Preschool is not open and will not charge for stat holidays. You will be charged for sickness and other days away with the exception of term breaks. The Preschool is open for term breaks on a booked basis. If you book it is business as usual, if you do not book you will not be charged.

Required Information for Licensing Purposes

Excursions: I give permission for my child to take part in regular excursions to nearby locations 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.

Photo/video: I give permission for my child to be photographed and their name and aged used for publicity for the Centre, Centre website, display at the Centre, group or individual records or for the purpose of research or assignments.

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

Other information possible to include on this Enrolment Agreement Form

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 encourage any and all parent assistance. It is expected that families will participate in fund raising activities throughout the year in order to keep fees as low as possible.

Termination of Enrolment: Wanaka Preschool reserves the right to vary the terms of this agreement and if necessary, terminate the agreement.

Incorporated Societies Act 2022: By signing this enrolment agreement you will become a member of the Wanaka Preschool Early Childhood Centre, Inc. This will start at your child's start date and end when your child leaves Preschool. An AGM will be held annually in April and you are most welcome to attend.

Policy Statement: The 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.

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.

Transitional to School programmes: I give consent for my child's details – name, age and phone number to be passed to my primary school for new entrant planning purposes, if requested.

Tick one Yes No

Please note – Parents should register their intentions with their school of choice when your child is 4 years old.

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

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

Service Provider Signature: _____ Date: ___ / ___ / ___

Food

Our Food Policy/Choking Hazards is included in your enrolment pack

Please sign to acknowledge you have read this: Signed:

Invoices and Notices/Newsletters

Please supply your preferred email address for us to send fortnightly invoices to. Our regular communications will be via our online platform, Educa.

Email: