

# Enrolment Agreement Form

## NGAIO CHILDCARE CENTRE INC

Ngairo Town Hall, 1 Ottawa Road (04) 939 2162

*The terms and conditions of fees and 20 hours ECE are part of this 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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](http://eli.education.govt.nz)

\* Information about acceptable identity verification documents is available online at [eli.education.govt.nz](http://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.**

<b>Parents / Guardians:</b>	
First Names:	First Names:
Surname:	Surname:
Occupation:	Occupation:
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:	Surname:
Occupation:	Occupation:
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:

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

<b>Emergency Contacts: (also able to pick up your child)</b>	
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
Email:	Email:
First Names:	
Surname:	
Address:	
Post Code:	
Phone (Home):	
Phone (Work):	
Phone (Mobile):	
Email:	
<b>Doctor:</b>	
Name:	Phone:
Address:	

◆ Enrolment Details:							
Date of Enrolment: ___ / ___ / ___	Parent/Guardian Signature					:	_____
Date of Entry: ___ / ___ / ___	Parent/Guardian Signature					:	_____
Date of Exit: ___ / ___ / ___	Parent/Guardian Signature					:	_____
<b>Please Note:</b> 20 Hours ECE is for up to <b>six hours per day</b> , up to <b>20 hours per week</b> and there <b>must be no</b> compulsory fees when a child is receiving 20 Hours ECE funding.							
Days Enrolled:	Monday	Tuesday	Wednesday	Thursday	Friday		
Times Enrolled:						Total number of hours:	
<b>For 20 Hours ECE fill out boxes below with the hours attested e.g. 6 hours</b>							
20 Hours ECE at this service						Total number of hours:	
20 Hours ECE at another service						Total number of 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"> <li>▪ Your child does not receive more than 20 hours of 20 Hours ECE per week across all services.</li> <li>▪ 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.</li> <li>▪ 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.</li> </ul>	
Parent/Guardian Signature: _____ Date: ___ / ___ / ___	

**◆ Statutory Holidays / Term Breaks**

Our Centre is closed on all statutory holidays. The Centre is also closed for the second week of each school term holiday break and for the duration of the summer (term) holiday break. Parents/caregivers will be advised of these dates at the start of each year.

**◆ 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 Ngaio Childcare Centre.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<b>Custodial Statement</b>	
Are there any custodial arrangements concerning your child?	
If <b>YES</b> , please give details of any custodial arrangements or court orders (a copy of any court order is required)	
<b>Person/s who cannot pick up your child:</b>	
Name:	Name:
Name:	Name:
<b>Person/s who can pick up your child:</b>	
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
First Names:	First Names:
Surname:	Surname:
Address:	Address:
Post Code:	Post Code:
Phone (Home):	Phone (Home):
Phone (Work):	Phone (Work):
Phone (Mobile):	Phone (Mobile):
<b>Health</b>	
Does your child suffer from any illness/allergies (such as food, soap, sunscreen) that the teachers should be aware of?	
Is your child up-to-date with immunisations?	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
(Please provide verifications of all immunisations)	
<b>For Staff:</b> Immunisations record sighted and photocopy taken:	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Additional Needs</b>	
Does your child have any additional needs that we need to be aware of? (Please note this will not affect your child's place on the waitlist, but it allows us the opportunity to provide you with the best possible transition to our centre).	Tick One Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details.	

Is your child under the on-going care of any professionals i.e. Speech Therapist, Paediatrician?	<i>Tick One</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, and you give us permission to contact these support people if necessary, please provide professionals' name(s) and phone number(s).

## 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.

Do you approve category (i) medicines to be used on your child?	<i>Tick One</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Name/s of specific category (i) medicines that can be used on my child, **provided by service**:

▪	▪
▪	▪

Parent/Guardian Signature: _____	Date: ____/____/____
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### 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: ____/____/____
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### Category (iii) Medicines

A category (iii) medicine is a prescription (such as asthma inhalers, epilepsy medication etc) or non-prescription (such as antihistamine syrup, lanolin cream etc) that is used for the ongoing treatment of a pre-diagnosed condition such as asthma, epilepsy, allergic reaction, diabetes, eczema etc) and provided by the parent for the use of that child only.

<b>For Staff:</b> Individual health plan completed and signed: <i>Tick One</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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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: ____/____/____
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### Required Information for Licensing Purposes

- Excursions: All parents/caregivers permission will be sought before your child is taken out of the Centre on an excursion.
- Photo/video: **I DO / DO NOT** (*please select one*) give permission for my child to be photographed for the purposes of assessment/evaluation for the child's portfolio book and for displays within the Centre.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Other information

- **Policy Statement:** Ngaio Childcare Centre 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 policies are available on our website, or on request at the Centre. 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.
- **On line Parent Information:** Please ensure you have read the Parent information which is available on our website [www.ngaiochildcare.co.nz](http://www.ngaiochildcare.co.nz) . The information covers such things as the terms and conditions of fees and 20 hours ECE, settling/first day information and FAQs.

### How did you hear about us?

How did you hear about our centre?

If it was from a current family, please write their name here:  
(They will be eligible for a free casual session).

### Parent Help

I acknowledge that a condition of enrolment is that I will assist the teachers as a Parent Helper for one hour every term (two times per term for children who attend three sessions per week or if you have more than one child attending).

### ◆ Parent Declaration

I declare that all the above information is true and correct to the best of my knowledge.  
I agree to the terms and conditions of fees and 20 hours ECE.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### ◆ Service Declaration

On behalf of Ngaio ChildCare Centre I declare that this form has been checked and all relevant sections have been completed.

Service Provider Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_